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Worldwide Report

EPIDEMIOLOGY

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WORLDWIDE REPORT EPIDEMIOLOGY

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ANGOLA

BRIEFS

CAMPAIGN AGAINST TRYPANOSOMIASIS--M'Banza-Congo--A delegation from the National Department of Endemic Diseases of the Ministry of Health recently visited Zaire Province to learn about the results of the campaign to seek out and treat trypanosomiasis. Included in the delegation, in addition to the national director of endemic diseases and the unit chiefs and chief of the trypanosomiasis department, was the leishmaniasis doctor of the World Health Organization. The visitors were informed that the campaign to seek out this disease, which has been underway since early this year, has made it possible up to now to find 223 new cases among the 8,358 persons investigated, 17 of which caused the death of the persons affected. During their several hours' stay in this area, they went to Rio Luege, the habitat of the tse-tse fly, the vector of trypanosomiasis, commonly called sleeping sickness. At the same time, since the beginning of this month, seminars and reviews have been held in this province to train the health workers in the treatment of certain endemic diseases. After the seminar on diarrhea, which enabled the participants to learn about the treatment of the disease through oral hydration, a seminar on malaria was held in this city. Three experts, one of them from the World Health Organization, conducted the seminar directed primarily at laboratory technicians. It should be noted that methods of prevention of the disease using chloroquine, and covering mainly children up to 5 years of age and pregnant women, are underway in this province. [Text] [Luanda JORNAL DE ANGOLA in Portuguese 31 Jul 85 p 3] 8711

MEASLES VACCINATION CAMPAIGN IN HUAMBO--A memorandum from the Provincial Board of Public Health indicates that, during the first semester, nearly 25,000 children ranging in age from 9 months to 5 years were vaccinated against measles in this province. The document adds that the city of Huambo, with 13,000 children vaccinated, registered the highest percentage, followed by the municipalities of Kaala, Bailundo and Londuimbali. Finally, the memorandum praises both the efforts undertaken by the health stations and those of the public health agents during the vaccination campaign, which made it possible to achieve remarkable successes. [Text] [Luanda JORNAL DE ANGOLA in Portuguese 13 Jul 85 p 3] 9895

CSO: 5400/192

ARGENTINA

BRIEFS

NEW HEPATITIS VACCINE DISCOVERED—Cordoba. Two local researchers have discovered a new method of obtaining the antihepatitis B vaccine at extremely reduced costs which open up possibilities for preventive vaccination programmes. Doctors Santos Sibeoni and Marta Sabatini, working through the Virology Institute of the National University of Cordoba's School of Medical Science, discovered how to extract the antigen from the virus' surface using plasma from asymptomatic carriers. School Dean Dr. Carlos Baudino, who made the announcement on Tuesday night, said that the epidemiological studies carried out at the Institute indicate 0.5 percent of Cordoba Province's population are healthy carriers of B-Type hepatitis. Baudino said that means there are approximately 3,300 healthy carriers in the country who could spread the disease to 1.5 million people. He explained that up to now a vaccine programme for all would have meant spending 60 million dollars, but the new method would only cost a dollar a shot. The dean added the vaccine has been sent on to Dr. R. Purcell of the US National Health Institute for verification. [Text] [Buenos Aires BUENOS AIRES HERALD in English 19 Sep 85 p 11 PY]

CHAGAS DISEASE IN SANTA FE—The Santa Fe province health under secretary has disclosed that there are 200,000 persons affected by the chagas disease in this province. [Summary] [Buenos Aires Domestic Service in Spanish 1600 GMT 21 Aug 85 PY]

CSO: 5400/2004

BERMUDA

AIDS OF GROWING CONCERN; GOVERNMENT ISSUES STATEMENT

Role of Drug Users

Hamilton THE ROYAL GAZETTE in English 23 Aug 85 p 1

[Text]

Drug pushers with AIDS have been spreading the killer disease among heroin addicts, a Police spokesman said yesterday.

Police Community Relations officer Sgt. Roger Sherratt yesterday said one dealer pushing drugs until recently has been exposed to AIDS and several have died from the disease.

"What is frightening about AIDS is that drug addicts are the major source for spreading the disease," he said. "A great number of the people who have died from AIDS in Bermuda have been addicts and pushers who are likely to have handled drugs and needles and passed them on to other people."

Sgt. Sherratt said Police are concerned because they have not been given the names of addicts known to be suffering from the disease.

"We have not been informed by the health authorities of those who are known to have AIDS," he said. "We only know someone has had the disease when they die and we read it in the newspapers."

Sgt. Sherratt said officers are naturally worried about being exposed to the disease.

"Officers have to be concerned about AIDS because most, if not all of those who have died from it have been addicts," he said. "It is also well known that those who are addicted to drugs often commit crimes to support their habits."

"Police officers are in the front line and they have to be concerned when they read that AIDS can be transmitted in far more ways than was first thought possible."

Acquired Immune Deficiency Syndrome attacks the body's immunity system which robs the body of its ability to fight infection.

It is known to be passed on in several ways, including blood transfusion with infected blood, use of shared needles and long-term physical contact with a person so eventually there is blood-to-blood contact.

Since 1981 15 people have died of AIDS in Bermuda, the most recent casualty just last weekend.

Sgt. Sherratt said afflicted addicts and pushers continue to expose others to the disease even after they have been arrested for offences.

"Even if they are caught for something, they can be bailed," he said. "They can be back on the streets in a matter of hours, continue to sell and handle drugs and needles and there's not a thing anyone can do about it."

Criticism of Officialdom

Hamilton THE ROYAL GAZETTE in English 24 Aug 85 p 4

[Editorial]

There has never been a better example of the public's right to know than we have in Bermuda right now in the AIDS controversy.

In bits and pieces — and very reluctantly — medical and health authorities have been forced, largely by the media, to face the fact that Bermuda has the highest per capita rate of AIDS deaths in the world. Despite that, the Medical Director of the King Edward VII Memorial Hospital has said that the AIDS threat has been overblown in the media.

There have been strange and unrealistic statements that, in Bermuda, if you are not an intravenous drug user you are not at risk. This is basically a sexually transmitted disease and the statement seems to imply that drug users do not engage in sex which is arrant nonsense out of a medical mouth.

The Minister of Health and Welfare could reply: "What for?" when asked if condoms were being distributed in Casemates prison. If she does not know that there is homosexuality in prisons and if she does not know that AIDS is spread by body fluids, she needs a crash course in her ministry.

We do understand that there is a reluctance to overstate the AIDS threat for fear of causing panic. That has certainly been the stance of medical authorities in the United States. In any case it was easy for health

authorities to be cynical, casual and uncaring when the disease was associated with black Haitian immigrants to the US, junkies and homosexuals.

What Bermudian health authorities do not seem to understand is that that is no longer the case. The disease is easily spread by blood contact and is thus prevalent among intravenous drug users because of the habit of using blood-return needles, largely associated with heroin usage. It became prevalent first among homosexuals in America by accident, probably because Haiti was a homosexual resort. It appeared among Haitians because a large number of Haitians, shunned by the Americans, were spending a good deal of time in Africa where the disease originated and where it is predominantly heterosexual.

Clearly in Bermuda right now it is largely being spread among intravenous drug users. Probably that is because the needle-using drug community in Bermuda is small, ingrown and shares its needles. However it is basically a disease spread by the body fluids associated with sex and it must be accepted that the majority of the drug users are heterosexual and engage in sex. Thus the heterosexual population in Bermuda may be at greater risk than it is in the United States. Does someone tell you he is a junkie before he sleeps with you?

Mr. Harry Viera had some things wrong yesterday but he got it absolutely right when he said: "It's clear that medical science does not know a great deal about this disease, but it is imperative that the public, starting with high school students, are educated on what we do know."

"Bermuda is an adult playground and the risks are high. We are a tourist resort with a holiday atmosphere and we have a very high rate of promiscuity."

In any case, AIDS is now becoming a general disease as opposed to a minority group problem. There is no cure. It is unlikely that there will be a cure for at least five years. Even conservative American figures show the disease doubling each year. Of course

there is public concern. Medical authorities will have to bear the guilt of every death if they fail to inform and warn the public.

Yet a great deal of misinformation is being spread either out of ignorance or out of a reluctance to face the truth. We remember the early years of drug abuse in Bermuda when this newspaper raised the alarm and was called everything from sensational to un-Bermudian. Yet, if people had listened and acted then Bermuda might not have the magnitude of problem which we have today.

The same is true of AIDS. Sane and sensible information and precautions will do no harm. Hiding from the problem will increase the alarm.

The Minister of Health and Welfare, the Chief Medical Officer and hospital authorities need to get together like they did yesterday, plan an honest strategy and to provide the public with the information it needs to best protect itself from death.

Text of Ministry Statement

Hamilton THE ROYAL GAZETTE in English 28 Aug 85 p 5

[Text]

During the past year there has been considerable public discussion of what has become known as the Acquired Immune Deficiency Syndrome (AIDS). The local news media have focused attention on this condition, noting suspected cases and highlighting concerns about the development of an AIDS epidemic.

AIDS is a recently recognised syndrome. All patients with the condition have developed a severe loss of their natural immunity against disease, leaving them vulnerable to illnesses that might not otherwise be a threat.

Nearly all cases have been reported from certain distinct groups: male homosexuals, intravenous drug abusers and persons with haemophilia. Cases have been reported throughout the world and the syndrome has now been well

characterised clinically, immunologically and epidemiologically. It is caused by an infectious agent that can be passed from one person to another person through sexual contact or in certain body fluids.

The human T-lymphotropic virus type III or lymphadenopathy associated virus has been identified as this agent.

AIDS is a major public health problem both in Bermuda and worldwide. It merits a great deal of attention and concern on the part of public health authorities. It represents a serious threat to the health of at least two distinct groups in our community, intravenous drug abusers and male homosexuals. However, at the same time it poses a real threat to the entire community. There is the possibility that AIDS may become epidemic among the public at large.

The Minister of Health and Social Services issued regulation just two years ago making AIDS a notifiable condition under the Public Health Act, 1949. Since the first case was reported in Bermuda in 1982, the Department of Health has received reports of a number of cases. The number of cases reported each half-year has consistently increased as was anticipated.

Cases have been reported primarily among the intravenous drug abusers (82 percent). They represent the major high-risk group in Bermuda, at present.

As of July 31, 1985, males have accounted for 86 percent of the cases reported. Forty-one percent of all cases have occurred in the 20 to 29 year age group, and 41 percent in the 30 to 39 year age group.

The time between actually acquiring AIDS and the development of symptoms, called the incubation period, is believed to be between six months and two years. As several years may separate infection with the human T-lymphotropic virus and the onset of AIDS, current cases may not reflect the present distribution of infected persons in the community.

However, the patterns of distribution of cases in Bermuda have remained consistent.

The past few weeks have been marked by unwarranted hysteria over AIDS. Much confusion about this syndrome persists in the community. It is important that medical information about the condition not be misinterpreted or misused.

Some important facts about AIDS should be highlighted. These include:

- AIDS is caused by an infectious agent.

- AIDS is only transmitted through sexual contact with the blood of an infected person.

- Heterosexual contact and exposure to contaminated needles play a role in the transmission of AIDS.

- AIDS is NOT spread through casual contact, through sneezing,

- coughing, talking or shaking hands.

- AIDS is NOT spread through the air or in food.

- Infection may be present long before symptoms appear.

- Not everyone infected with the virus develops AIDS.

- Current serologic (blood) tests CANNOT be used to diagnose AIDS. Positive tests only indicate exposure to the AIDS virus.

- There is NO DANGER of contracting AIDS from donating blood.

There are a number of actions that individuals can take to help prevent the spread of this syndrome, including the following:

- Avoid the use of shared needles and drug equipment.

- Avoid having multiple sexual partners.

- Avoid sexual contact with persons known to have AIDS, and with high-risk partners.

- Avoid donating blood, if a member of the high risk group.

Information about AIDS has been provided for people at increased risk for the syndrome. However, it is apparent that health education efforts must now be geared towards the general public as well. Every member of the community as well as doctors and other health care professionals will have to make an effort to help prevent the spread of this syndrome.

BOLIVIA

MIGRATION UNDERSECRETARY ANNOUNCES AIDS CAMPAIGN

PY180024 Madrid EFE in Spanish 0103 GMT 17 Sep 85

[Text] La Paz, 16 Sep (EFE)—Migration Undersecretary Guido Meruvia today reported that the Bolivian Government has ordered a strict control of airports and border posts in order to prevent the admission of AIDS-infected people to the country.

Meruvia said that national and foreign citizens have to present a medical certificate to enter the country.

A government official stressed that the control is aimed at preventing homosexuals and hemophiliacs, who are the most frequently infected people, from entering the country.

Another high-ranking migration official said that special attention will be paid to people coming from the United States and Brazil, because these are the countries with the highest number of AIDS victims in America. [as received]

The Bolivian authorities will set up a meeting with officials from the Foreign Ministry, the narcotics-related agencies, the police, the Interpol and the Migration Department before a coordinated prevention campaign is started.

In conclusion, Meruvia said that medical reports show no cases of AIDS in Bolivia, but he added that this is not a reason for neglecting its prevention.

CSO: 5400/2005

BRAZIL

BRIEFS

3 AIDS CASES IN BAURU--Three cases of Acquired Immunological Deficiency Syndrome [AIDS] have been confirmed in Bauru. Two of the patients have been taken to Sao Paulo while the third is being treated in Bauru city. [Sao Paulo Radio Bandeirantes Network in Portuguese 1000 GMT 30 Aug 85 PY]

AIDS INCREASE IN RIO--Rio de Janeiro, 22 Sep (EFE)--Local health officials have pointed out the sharp increase of AIDS cases in Rio de Janeiro where 41 out of the 58 people officially recorded as having the disease since 1982 have died. Alvaro Machado, director of the AIDS control program in Rio de Janeiro added that the upward trend is very similar to trends in New York or Sao Paulo, two of the cities that have been most affected by this fatal disease throughout the world. According to Machado, Rio de Janeiro recorded 1 AIDS case in 1982, 5 in 1983, 16 in 1984 and 36 by August this year. [Text] [Madrid EFE in Spanish 1515 GMT 22 Sep 85]

CSO: 5400/2003

CHILE

BRIEFS

AIDS TOLL REACHES 7--Santiago, 13 Oct (EFE)--The death toll of AIDS victims has now reached seven after two more people died in the last few hours. Medical sources today reported that two AIDS victims died in Torax Hospital in Santiago and Higuera Hospital in Talcahuano, 500 km south of Santiago. In Santiago, the AIDS victim, who was approximately 21 years of age, has only been identified by the initials L. A. He had been hospitalized for about 20 days. According to his relatives, the youngster was contaminated with AIDS when he received a blood transfusion. However, some doctors said that there was little chance of that because the transfusion was made not very long ago and the AIDS virus needs a long incubation period. The other victim, a Brazilian member of a circus from Rio de Janeiro, died yesterday afternoon. Medical officials indicated that the close relatives and friends of the victims were summoned for a medical examination to make sure there are no other people infected with AIDS. [Text] [Madrid EFE in Spanish 2334 GMT 13 Oct 85 PT]

CSO: 5400/2006

COLUMBIA

NATIONAL HEALTH SYSTEM CRISIS AVERTED BY EMERGENCY FUNDING

Bogota EL TIEMPO in Spanish 13 Aug 85 p 9-A

[Text] The budget crisis of the nation's hospitals was averted through 1985 with the injection of 6 billion pesos, stated Ricardo Galan Morera, Secretary General of the Ministry of Health.

The solution to one of the country's most critical problems would be a definitive one through a draft bill which guarantees the mobilization and timely delivery of budget funds to health centers.

The government also gathered the necessary funds to face the attacks of malaria, dengue, and yellow fever.

Galan Morera reported that, thanks to the 4 billion pesos given by the Ministry of Finance and a loan of 2 billion pesos from the Institute of Social Security, the crisis that oppressed the majority of the university hospitals and regional health units was relieved.

The executive stated that during this 6-month period, the money will be given to several health centers as follows:

400 million pesos to the university hospital San Vicente de Paul in Medellin; 520 million pesos to San Juan de Dios Hospital in Bogota; 300 million pesos to the university hospital in Cali; 120 million pesos to the university hospital in Cartagena; 330 million pesos to the university hospitals in Santander; 60 million pesos to Manizales; 100 million pesos to Popayan; 150 million pesos to La Samaritana Hospital in Bogota; 100 million pesos to the hospital in Pereira and some hospitals in Sucre.

After a thorough analysis that lasted several months, the current administration found out that the main health problems at the national level revolve around these five critical areas:

1. The hospital crisis.
2. The status of malaria, dengue, and yellow fever.
3. Outpatient services and, in particular, emergency services.

4. Medicines.

5. Organization and operation of the National Institute of Health.

In addition, the study and analysis of the development factors of the regional health units, the national plan for child survival and development, and the consolidation project of the National Health System were considered.

The first two critical areas were deemed priority to alleviate the current crisis, and work has started on the other three, which will be solved gradually.

Hospital Crisis

The study of health problems and the alternatives for solving them showed that four factors caused the hospital crisis, and measures were taken to correct that situation.

First, an insufficiency of funds was found in the health sector of the national budget. In 1976, these resources constituted 9.5 percent of the budget; presently, they have decreased to 4.8 percent. Besides, the high cost of technologies for diagnosis and labor gains have affected the budgets for hospital operations in a significant way.

It was also found that there is a diversion of resources toward activities not directly related to health, such as recreation, park construction, sports promotion, and even contests. Although they are considered as "very important and public welfare needs," they do not really belong to the health sector itself.

One of the most important elements that contribute to the hospital crisis is the lack of integration and mobilization of the resources budgeted to come from lotteries, liquor, and games of chance.

In Bogota's case in particular, only 0.8 percent of the money belonging to it was collected.

In view of this, the Ministry deems necessary and essential the strengthening of the mechanisms for examination, supervision, and control which guarantee the total and timely collection of these funds.

Draft Bill

The neutralization of all of the above-mentioned causes was thought to be an important solution to be accomplished through a draft bill which would convert the Superintendency of Health Security into a National Superintendency of Health, to efficiently examine, monitor, and control the funds that belong to it for the care of the Colombians' health.

This draft bill has already been approved by two councils of ministers and will be presented to Congress shortly.

Status of Malaria

The government believes that it has found a definitive solution to the problem of malaria, dengue, and yellow fever with the additional allocation of 400 million pesos, besides the 305 million pesos from the regular budget and the injection of another 330 million pesos from Law No. 55 of 1985.

According to the report from the Ministry, with these economic measures the anti-malaria campaign is again reactivated completely this year and will be consolidated definitively in 1986 because, by that time, 1.4 billion pesos are already guaranteed. In this manner, the increase of the progress and incidence of the disease will be controlled, the workers will get paid regularly, and there will be money for buying pesticides and medicines necessary to treat the disease.

Other Problems

The Ministry is also doing a specialized study of emergency and accident care services, the situation of medicines at the national level, and the crisis of the National Institute of Health, an organization for which an additional 250 million pesos were obtained, which will be devoted to the production of vaccines, the quality control of medicines, and the building of water systems for towns with fewer than 2,500 people.

"This effort considerably solves the grave economic situation suffered by the Institute," stated the officer.

He added that, thanks to agreements with the Colombian Institute for Family Welfare, a grant of 900 million pesos was obtained, which will be devoted mainly to malaria, the National Institute of Health, and the children's hospitals (Lorencita Villegas and Misericordia), which will receive a total of 80 million pesos, with 150 million pesos for vaccination campaigns and some nursing homes.

12501

CSO: 5400/2090

DENMARK

MINISTER ORDERS NEW MEASURES TO COMBAT SPREAD OF AIDS

Minister Criticized for Inaction

Copenhagen INFORMATION in Danish 13 Sep 85 p 14

[Editorial: "The AIDS responsibility"]

[Text] During the election campaign in 1984, the Liberal Party entered the columns of the papers with big advertisements for Minister of Interior Britta Schall Holberg's reelection. "We have got a responsibility ourselves," it said in the heading. Under the urgent words, in a drawing by Erik Werner, the lioness of the Liberal Party appeared behind a grandiose desk with a photo of her ministry in the background. The drawing depicted the minister with folded arms, bursting with lust for power and with heaps of documents on her table. Perhaps somewhat removed from the near society.

However, what made the advertisement somewhat more stupid than those things usually are was the insult to the predecessor of the minister. Henning Rasmussen, Social Democrat, in every sense one of the most sober-minded members of the Folketing, was caricatured as a little fool who had been pushed off the minister's desk and was now lying moaning in the corner of the advertisement.

"The liberal and socialist philosophies are miles apart," it said in the text, which also enumerated certain "truths which Britta Schall Holberg has told us during her 16 months as minister of interior." One of the truths stated by the minister was: "That far too many of us had forgotten that it is a question of having confidence in others rather than distrusting everybody."

The message was: Confidence is a good thing. Britta Schall Holberg is better! They probably meant it friendly.

We should be very mistaken if that advertisement will again depict the Liberal Party in the municipal election campaigns of the next 2 months. Britta Schall Holberg heads for the election as the top retrenchment chief of the municipalities. That is in itself unfortunate enough for the "mayor effect" on which her party chairman relies. Another thing is that, from her desk, Britta Schall Holberg has proclaimed a few additional truths which have brought herself beyond the brink of any political decency.

In the early part of the summer, she attempted to bury the LSD issue and its victims with the offhand statement that they merely got what they had deserved--a treatment which had been thoroughly tested "practically throughout the entire world." When 2 weeks ago she had to substantiate her claim, she resorted to a number of dirty lies toward the municipal committee of the Folketing.

She is now attempting to rescue herself in the AIDS issue by providing it with a special "ministerial effect." She wants to take over the supervision of the National Health Service herself. The reason stated by her for taking this step is that her liberal view of the AIDS issue and that of the National Health Service are miles apart.

It is unfortunate for the victims of AIDS that it is the National Health Service which, for the most part, is right.

In the summer, the National Health Service submitted an action program for measures against the galloping AIDS epidemic. The program had been neatly arranged into categories on the basis of the significance attributed by physicians to the individual measures. At the top of the list was a large-scale information campaign, farther down the list screening of all donor blood in the country. Physicians predicted--and wrote the minister--that AIDS would be transferred to new victims via donor blood. By way of blood transfusion, between 2 and 5 Danes would contract the disease annually.

Britta Schall Holberg swept the program off her monstrous desk with the promise of a couple of million kroner for information, which would hardly make any difference.

Her predecessor, Henning Rasmussen, exuding humane concern, got up from his corner, giving expression to his distrust of the minister's willingness to take the AIDS problem seriously. Across the ideological gulf fixed between them, the minister shouted back that it was a waste of effort on the part of the socialists. The government certainly wanted to save money. That applied in this case as well.

Søren K. Sørensen, chief medical officer, drew his conclusions from it and got out his collection box as patron of a private collection campaign to combat AIDS.

Only when Tonny Husted Nielsen, a member of the Frederiksborg county council for the Socialist People's Party, disclosed the fact that three donors had already received AIDS blood, the minister emerged from behind her large heaps of files. The LSD incident being still fresh in her memory, she once more felt that she had been wrongly briefed by the National Health Service. She threatened the chief medical officer with cutbacks, pushed the good liberal toward the abyss of early retirement and demanded an explanation.

Søren K. Sørensen referred to the earlier action program, adding that high officials within the Ministry of Interior had twice been told of the concrete discoveries of AIDS in donor blood.

The ministry claims that it has received no information about AIDS in donor blood, but that is of minor importance. The decisive thing is that the minister of interior has cynically and without any appreciation of the consequences ignored the clear message from physicians that donor blood will spread AIDS. Only when her blunder got into the media did she take the AIDS problem so seriously that she spent millions of kroner rather precipitately.

A minister with such a poor judgment cannot be given the responsibility for the health of the population. There are no indications that she is heeding the advice of the experts more than she used to, she is merely leading the experts on a string.

The same thing will apply if a successor of a different philosophy manages to take over the ministerial office. The health problems within the Danish society will have to be described and fought on a professional basis, not on the basis of the ability or willingness of the current minister to understand them.

Another thing is that Britta Schall Holberg, at the same time, strikes a clever blow for a fundamental change in the way in which the National Health Service operates. She talks about discontinuing physicians' self-determination and improving patients' possibilities of lodging complaints. There may be many good reasons for looking into that matter.

Unfortunately, the minister has taken the worst possible occasion to discuss such reforms. The lack of confidence in her view of mankind which she has given rise to in the AIDS issue and the truths she has told us indicate, if anything, that the National Health Service should be moved still farther away from Britta Schall Holberg's opulent desk.

The evaluations by physicians of threatening fatal epidemics should not be determined by politicians with axes up their sleeves and Gallup polls at the back of their heads.

Things ought to be entirely different here.

Spreading Among Prostitutes

Copenhagen INFORMATION in Danish 14-15 Sep 85 p 5

[Article by RB]

[Text] The AIDS epidemic has spread beyond the environment of homosexuals and is now spreading among Copenhagen prostitutes who are narcotics addicts.

That means that the clients of prostitutes also risk catching the disease. They may, incidentally, transfer the dangerous virus to the heterosexual section of the population.

The leader of the Copenhagen Venereal Disease Clinic at the Rudolf Berg Hospital, Professor Jørgen Søndergaard, M.D., Chief Physician, confirmed last

Friday to RITZAUS BUREAU that three narcotics addicts who were prostitutes and one female narcotics addict had all been found to be positive when undergoing the extended test for AIDS virus.

Dr. Michael von Magnus, chief physician, of the National Health Service states that the four women must be regarded as being infectious.

"We have to make some arrangements for them to keep them from narcotics addiction and prostitution. My personal opinion is that we have to offer them methadone and increased public assistance."

"Making AIDS a venereal disease in the legal sense is no solution when we are unable to provide any treatment," says Dr. Michael von Magnus.

The four cases were ascertained in a group of fifty who spontaneously asked a venereal disease clinic to be examined. At Bispebjerg Hospital, in a group of 75 persons, one person was found to be positive, a homosexual man.

"Even if one should not generalize on the basis of these figures, we have to establish that the infection is no longer confined within the environment of homosexuals but now also comprises heterosexuals," says Professor Søndergaard.

The clinic at the Rudolf Berg Hospital is every year approached by about 30,000 persons who suspect that they may have contracted a venereal disease, such as syphilis or gonorrhoea.

Other thousands approach the clinics at Bispebjerg Hospital, the National Hospital and the Copenhagen County Hospital at Gentofte.

In all four places, they will, in the future, also offer to screen the blood for antibodies with the LAV/HTLV-III virus, which causes the AIDS disease.

Perhaps 50,000 Cases by 1995

Copenhagen INFORMATION in Danish 16 Sep 85 p 3

[Article by jsn]

[Text] According to a cautious estimate, 500 Danes will have contracted AIDS in 3 years. However, a report from the State Serum Institute says that the possibility may not be ruled out that the figure will become even higher--around 1,000 cases.

The calculation is based on the fact that 5,000-10,000 Danes today carry the AIDS infection in their blood, and that the disease, according to the statistics, will break out among 5 to 20 percent of the disease carriers.

If the disease shows the same rate of increase in this country as in the United States, i.e. a 100 percent increase in the number of cases of AIDS each year,

the number of persons with the AIDS disease will in 10 years be upwards of 50,000.

Even if no vaccine or methods of treatment would have been developed by then, it is conceivable, however, that the figure may be kept at a lower level if effective measures are now taken to check the dissemination. In a new report to the Folketing, Minister of Interior Britta Schall Holberg discusses the measures which will now be implemented.

In order to avoid that hemophiliacs become infected, the minister has ordered Danish producers and importers of blood-factor preparations to withdraw all non-heat-treated products from the market. As of 1 October, Danish producers will be able to market their own heat-treated factor preparations.

This step was taken because a study of forty Danish hemophiliacs has shown that 45 percent had AIDS antibodies in their blood. So far, the disease, however, has only appeared in one of the infected hemophiliacs.

Still No Cases of Aids in Jutland

Screening of all donor blood will be introduced as soon as possible. The minister has asked the National Health Service to report when the blood banks will be ready in practice to examine donor blood.

Sperm banks have been requested to examine all sperm for antibodies and have been informed that men with antibodies in their blood may not be used as sperm donors.

The possibilities of health examinations of persons who may be feared to have been infected will be improved. Eighty percent of the cases of AIDS hitherto ascertained have been found in the municipalities of Copenhagen and Frederiksberg. On Funen, there has been one case only and in Jutland none. It is, therefore, primarily in the metropolitan area that the possibilities of control have to be expanded.

The known risk groups are homosexual and bisexual men with many partners, drug addicts using drugs intravenously, hemophiliacs, persons from Haiti and Central Africa as well as the sexual partners of these groups, but, in addition to these people, doctors have now started checking prostitutes after having found AIDS antibodies in three Copenhagen narcotics addicts who are also prostitutes.

In the near future, a working group with representatives from the Ministry of the Interior, the Association of County Councils and the National Health Service, will meet to coordinate their information work on AIDS.

Blood Donors Ordered Screened

Copenhagen BERLINGSKE TIDENDE in Danish 21 Sep 85 p 4

[Text] As of Monday, all blood donated in the county of Roskilde will be screened, i.e. examined for AIDS antibodies. No cases of AIDS have been ascertained in the county of Roskilde, but to prevent any cases of AIDS caused by donor blood, the hospital committee has now decided that all donated blood will be screened in the future. At the same time, an AIDS study group has been set up with Finn Damgaard-Pedersen of the Central Laboratory of the County Hospital of Roskilde as its head. The said study group will closely follow all work in connection with the prevention and treatment of AIDS.

7262

CSO: 5400/2562

DENMARK

AIDS EXPERT OFFICIALS DISCUSS IMPACT OF DISEASE IN COUNTRY

Forecast on Expected Spreading

Copenhagen BERLINGSKE TIDENDE in Danish 7 Sep 85 p 12

[Article by George Hilton: "AIDS Spreading Faster in Europe Than in Denmark"]

[Text] To date, 50 AIDS victims have been diagnosed in Denmark, of which, half are dead today. In all of Europe, at least 1,000 people are suffering today from the deadly disease. Contrary to other countries, Denmark is thought to register all cases of the dread disease, according to supervising physician Zoffmann of the National Serum Institute. He is urging a nationwide information campaign: It is important to reach young men in schools.

The dread AIDS infection apparently is spreading slower here in Denmark than in the rest of Europe.

In all of Europe--where 1,226 cases have been diagnosed up to June this year--the total of AIDS victims is doubling within one year. But in Denmark, the advance is slower even though relative to its population, Denmark has the highest per capita number of AIDS victims in Europe.

Since Denmark began to register AIDS cases in 1981, there have been 55 victims in Denmark according to the latest report on 22 August from the National Serum Institute, and of these, half are dead today.

Supervising physician Henrik Zoffmann of the National Serum Institute: "We cannot explain why the increase in Denmark is lower than the average in Europe. There are so many uncertainty factors which play a role, and this also means that a boom could occur in Danish cases. We feel a little as if we are sitting on a bomb and anything could happen. Therefore, there is a real risk for a doubling of AIDS cases this year.

"The uncertainty is due among other things to the fact that several years can pass after a person has been infected with the AIDS virus before the disease appears."

It is thought that 6,000 Danes today have the AIDS virus in their blood and the Health Commission's calculations say that about 10,000 people will carry the infectious virus in their bodies at the beginning of next year. Viewed statistically, between one-in-five and one-in-twenty of those infected later will get AIDS.

15 Cases This Year

The AIDS disease, which destroys the body's immune system, was diagnosed for the first time in Denmark in 1981, shortly after it became known in the United States. But investigations show that the first Dane was in fact stricken earlier. It is not known, however, exactly when.

Two cases were registered in 1981. The following year, four men were stricken by AIDS, and in 1983, the National Serum Institute registered 12 cases. Last year, 16 men were diagnosed and to date this year, 15 new names have been added to the list, including one woman.

"I am quite convinced that we know about all of the cases. Denmark is a little country and we have a very close cooperation with the departments of the hospitals where AIDS patients are treated," states supervising physician Henrik Zoffmann. "In contrast, we know that in West Germany and England, among other places, there is a certain under-reporting."

Longterm Information

As with the other experts on the Health Commission's AIDS committee, supervising physician Henrik Zoffmann believes that a general information campaign for the entire population is the best prevention against the deadly disease. Up to now, the information has consisted of: a booklet in 1983 with guidelines on AIDS for doctors; a booklet in the same year to the country's blood donors advising to refrain from giving blood if they belonged to risk groups, primarily homosexual men; last year, 25,000 copies of the so-called Gay-booklet were sent out warning homosexual men about AIDS. There is a new booklet this year for blood donors which tightens the requirements for giving blood and at the moment, new guidelines for Gays are being worked on.

"Until now, the information has not been adequate. We must concentrate on general information for the entire population and that can be done for around 5 million kroner. Among other things, it is important to reach bisexual men in order to limit AIDS contamination in heterosexual relationships.

"Similarly, it is very important to advise the very young men in the last classes of the schools. We know that between three and five percent of them will be homosexual and thereby fall into the risk group," states supervising physician Henrik Zoffmann.

Politician Urges Greater Action

Copenhagen BERLINGSKE TIDENDE in Danish 7 Sep 85 p 12

[Article by Ole Dall: "Social Democrat Says AIDS Initiatives Responsibility of Interior Minister"]

[Text] "In any case, there is a political responsibility for taking the necessary initiative in the AIDS matter," says former Interior Minister Henning Rasmussen (Social Democrat).

"It is not merely a personal matter between the interior minister and the medical director. The matter has significance for the entire effort against AIDS."

This was stated by former Interior Minister Henning Rasmussen (Social Democrat) as the basis for his now having asked the Parliamentary Municipalities Committee be provided a copy of the exchange of letters between the Health Commission and the interior minister.

Henning Rasmussen knows medical director Soren K. Sorensen from when he was minister and earlier from the period when Soren K. Sorensen was a member of the County Council in Viborg.

"I would characterize Soren K. Sorensen as very loyal. He is very careful and does not say more than he can stand behind," says Henning Rasmussen in a personal evaluation of the medical director, and the former interior minister and current chairman of the Municipalities Committee continues:

"Therefore, until the opposite has been shown, I personally have faith in the fact that the medical director has things under control.

"In any case, it is entirely a political matter that the necessary initiatives be taken in the AIDS matter."

Henning Rasmussen also believes that there is a need to use a lot of time in discussing "whether 1 or 5 million kroner should be used for information."

12578

CSO: 5400/2560

DENMARK/GREENLAND

FIRST CASE OF AIDS REPORTED IN GREENLAND

Godthaab GRØNLANDSPOSTEN in Danish 4 Sep 85 p 2

[Text] The National Health Service is attempting to contact sex partners of Greenland's first patient with AIDS antibodies in his blood. The report was delayed due to administrative mistakes.

The feared AIDS disease has now arrived in Greenland. AIDS antibodies have been found in the blood of a patient, which proves that he has been infected with the disease. The man in whom the antibodies have been ascertained is ill. But it is not yet possible to say whether his illness is due to AIDS.

The patient concerned has told the National Health Service that he has had sexual contacts with another four men, who may thus also have caught the disease.

These four men will now be contacted by the National Health Service to have their blood screened in order to ascertain whether they have been actually infected.

If it turns out that they have also had sexual contacts since they were together with the original source of infection, it may become necessary to have the blood screened of a very large number of people.

Infected in Denmark

It seems clear that the infection has come from Denmark. Here, the man in whom the antibodies were found was treated for syphilis and contagious hepatitis a couple of years ago. His blood was also screened for AIDS but he was only informed that the test was positive after several months. Nor in this country have communications on the feared disease worked perfectly. Otherwise, the National Health Service would already in June have begun looking into this first case of AIDS.

Information and Contact

The chief medical officer at Nuuk has stated that they have requested extensive material on AIDS from the National Health Service in Denmark.

All experience seems to indicate that the disease is primarily found among homosexual men, and the number of women with the disease is at a very low level. For this reason, the endeavors will primarily be concentrated on dissemination of the information material to the known homosexual circle .

The idea is also to introduce routine screening of blood donors at the country's hospitals, as it is known that the disease may spread via blood transfusions.

Spreading Rapidly

Researchers and health authorities throughout the world are concerned about the explosive rate at which AIDS is spreading and the high mortality rate among patients who contract the disease.

According to international statistics from the parts of the world where AIDS occurs, the rate of dissemination of the disease is very high.

The number of cases in a given population is expected to double approximately every 10 years.

7262

CSO: 5400/2562

GHANA

IMMUNIZATION PROGRAM LAUNCHED IN UPPER EAST REGION

Accra PEOPLE'S DAILY GRAPHIC in English 17 Sep 85 p 8

[Article by Iddrisu Seini]

[Text] An elaborate programme for mass vaccination of people in the Upper East Region against measles, yellow fever and cerebro spinal meningitis (CSM) has been launched at Bolgatanga.

Vaccination centres have therefore been established throughout the region to ensure that the programme which is expected to last for more than three weeks is successfully carried out.

It is expected that more than 40,000 children will be vaccinated against measles alone in the region.

Launching the programme, Mr Martin A. B. K. Amidu, Upper East Under Secretary in charge of administration said since the inception of the December 31 revolution, strenuous efforts have been made to improve the health delivery system in the country.

This has been evidenced by the fact that the government allocated 11.8 per cent of the national budget to the health sector this year, he said.

Mr Amidu however pointed out that despite the expenditure on health services in the past and the increased commitments to provide health services for all, the pace has not been as fast as Ghanaians would have wished due mainly to the ignorance of the predominantly rural population of the benefits of preventive medicine.

"It is in recognition of this state of affairs that the government has placed premium on the Primary Health Care (PHC) programme," he stated.

The Under Secretary therefore suggested that an intensive educational programme should be embarked upon to educate those in the rural areas to understand that deadly diseases such as measles, yellow fever and CSM can be prevented through a simple process of vaccination and personal hygiene.

Dr W. R. Candaa, the region's director of health services said the annual notification of measles in the country average 100,000 but is estimated that this reflects only ten per cent of the true incidence of the disease.

He said about 75 per cent of all children are infected by the age of two.

On CSM, the regional director revealed that a total of 3,667 cases were detected in the region during the latter part of last year and early this year out of which 109 people died.

He appealed for assistance in providing transport and in meeting the cost of feeding the staff engaged in the exercise to ensure its total success in the region.

CSO: 5400/11

GHANA

BRIEFS

VACCINATIONS REQUIRED FOR TOGO--The Ministry of Foreign Affairs has announced that all foreign visitors to the Republic of Togo including Ghanaians are required to have Yellow Fever vaccination. A statement issued in Accra said in amplification of the announcement, the general public is notified that Togo is a country with endemic Yellow Fever problem and visitors to that country take a risk without Yellow Fever vaccination. [Text] [Accra
PEOPLE'S DAILY GRAPHIC in English 7 Sep 85 p 8]

CSO: 5400/2

GUYANA

BRIEFS

AREA MEETING ON MALARIA—Georgetown, Tues (CANA)—An increase in malaria in the Guyana hinterland has caused senior health officials here to propose a meeting with counterparts from neighbouring Brazil, Suriname and Venezuela to discuss a joint approach towards tackling the problem. Guyana has established border inoculation units to deal with an increase in the number of reported malaria cases. The Health Ministry said the neighbouring countries also need to pay more attention to malaria eradication. [Text] [Port-of-Spain TRINIDAD GUARDIAN in English 2 Oct 85 p 5]

CSO: 5440/1

IRELAND

DOCTORS PUSH GOVERNMENT FOR IMMUNIZATION PROGRAM

Dublin IRISH INDEPENDENT in English 11 Sep 85 p 3

[Article by Tony O'Brien]

[Excerpt]

A NATIONAL immunisation programme aimed at wiping out the scourge of whooping cough in children is being sought by the country's doctors.

They want the Department of Health to bring in the scheme, which would be free to every child through their GP.

The immunisation programme would cover diphtheria, tetanus, whooping cough and polio.

While Ireland is not expected to suffer the whooping cough epidemic predicted for Britain this winter, doctors here are concerned about the fall-off in the number of children being vac-

cinated.

Parents presently can have their babies immunised free of charge in health clinics through a three-in-one vaccination covering whooping cough, diphtheria and tetanus.

But because of a scare over possible brain damage to a small percentage of children, linked to the whooping cough vaccine, many parents opt for a two-in-one injection, without the whooping cough content.

In the North only 55 per cent of children born in 1984 were inoculated against whooping cough. There are no published figures for the South.

The Department of Health has said there has been a steady increase in vaccinations. But the

number of children treated for whooping cough at Cherry Orchard Hospital in Dublin went up from 225 in 1983 to 469 last year.

The IMCO had recently adopted a policy seeking a national programme of immunisation, and he felt the Department of Health should now accept this and begin to implement it in consultation with doctors, community care staff and others involved.

CSO: 5440/004

IRELAND

MEASLES ERADICATION CAMPAIGN SET TO BEGIN

Dublin IRISH INDEPENDENT in English 23 Sep 85 p 3

[Article by Ray Managh]

[Excerpts]

A DRIVE to try and eradicate measles from the country starts on the first of next month.

The illness is generally regarded in Ireland as a normal childhood experience. But doctors warn that most people are unaware of the risks and complications that can arise from it.

The aim of the campaign is 100 per cent vaccination of non-immune children between the ages of 15 months and five years. There will be no charge for the vaccinations.

Every year about 700 Irish children are sent to hospital with measles and at least four to six children die each year from the disease or its complications.

"Next month, for the first time in Ireland, parents may avail of a safe and effective vaccine against measles for their young non-immune children," the doctors write.

They say that, during October and November, all non-immune children should be vaccinated. Non-immune children are those who have not had measles or been vaccinated against it.

After that, the aim is to vaccinate all children as they reach 15 months so that total immunity is achieved.

The fight against measles will be brought into the homes of everyone by an advertising and education campaign by the Health Education Bureau.

The vaccines will be administered for the first time by family doctors instead of health clinics and are available to all suitable children from October 1.

JAMAICA

ITALY TO HELP FINANCE HOSPITAL IMPROVEMENTS

FL232200 Bridgetown CANA in English 2030 GMT 23 Sep 85

[Text] Kingston, 23 Sep (CANA)--Jamaica and Italy have completed negotiations on a 48 million dollar (one J dollar--about 16 U.S. cents) loan to finance improvements to the island's hospitals, Parliamentary Secretary in the Health Ministry Dr Horace Chang has announced here.

Dr Chang told the 16th annual conference of the Nurses Association of Jamaica that special emphasis will be placed on upgrading pediatric services at small hospitals in the country. He described these services as being way below the standards required.

Dr Chang added that programmes were also being developed to construct depots in 12 parishes to improve the supply of drugs.

Plans to reorganise the maintenance department of the Health Ministry are also being made, he added.

Meanwhile, hospital equipment and supplies valued at more than J84,000 dollars were recently handed over to the Falmouth Hospital in northern Jamaica by a private individual. The gift came from Mrs Evelyn Littlejohn of North Wales, who is married to a Jamaican. Six other clinics, in addition to Falmouth Hospital, will benefit from the gifts.

CSO: 5440/2

LAOS

BRIEFS

ANTIDENGUE CAMPAIGN--Vientiane, September 5 (OANA-KPL)--The Public Health Ministry has launched a campaign to eliminate dengue fever. Preventive measures have been taken in Vientiane and other localities to check the spread of this disease, especially the elimination of mosquitoes. Descriptive symptoms of dengue fever have also been publicized, and those showing these symptoms are requested to be taken to the hospital without delay.
[Text] [Vientiane KPL in English 0903 GMT 5 Sep 85]

CSO: 5400/4308

LIBYA

PROGRESS OF HEALTH SERVICES SECTOR

Valetta THE JAMAHIRIYAH MAIL in English 4 Sep 85 p 5

[Text]

□ The level of health services in Jamahiriya has gone up since the launching of the great al Fateh revolution. Until now they improved more than 20 folds on what they were before the revolution. The number of hospitals has risen to 25 general hospitals fully equipped with modern equipment. The number of health centres has risen from 120 before to 1,200 after the revolution in various parts of Jamahiriya.

The health services in Jamahiriya are unique in the world whether in required treatment for citizens or for them being free - treatment and medicines. Statistics show that Libyan Arab citizens in Jamahiriya enjoy a great deal of health care, due to the large numbers of health centres, clinics and general and rural hospitals which offer free services from motherhood and childhood stages to the rest of the health security services under the umbrella of social security of the old age or injuries or disablement or handicap.

In this respect JANA's correspondent prepared the following report:

Following the revolution's goals which believe in the building of the strong man who will be able to defeat backwardness, since the start

it put into action a comprehensive plan aimed at achieving economic and social progress for the Libyan Arab citizens.

□ SERVICES

The health sector received extreme care in the transformation plans. The major criterion for the services in this sector is growth and development. Growth in the health institutions, in quantity and quality, to become proportional to the masses' needs and their demographic distribution.

In the health sector achievements were: hospital programme - 25 general hospitals were built and equipped to accommodate 6115 beds, 27 rural hospitals with 1620 beds, the enlargements of 9 existing general hospitals and adding 1536 beds, the building and equipping of 13 specialised hospitals with a capacity of 4074 beds apart from building a dental central clinic, another for urgent treatment and the enlargement of the flying first aid project.

General and central hospitals offer 120-1,200 beds for treatment and bed services for patients transferred to them from the other health

institutions. Most of these contain a highly specialised treatment units in internal diseases, surgery and intensive care and artificial kidney machine treatment.

As for the basic health care which is considered the first foundation in the medical services stairs, the name has changed from health clinic to unit for basic health care and its concept became: avoidance with cure to small groups of population of 3,000-5,000. Included in this programme, the building and equipping of 147 basic health care centres were compelled in 352 units of health care on all three A, B, and C levels.

16 combined clinics apart from 11 centres to cure pectoral diseases. These services include specialised treatment aspects which supervise a group of between 3-5 health care units for every centre. They carry out the task of looking after the society's health and the environment apart from checking foods and health education. During this year, 70 centres and 8 pectoral disease centres will be built and operated.

As for the medical stores and laboratories programme, it aims at improving the medical provision system and the care of medicine stocks and medical equipment and tools, for the need of the health institutions will be satisfied with them, apart from building a reserve stock, regulating their consumption, checking the quality and improving the methods of storing and distribution.

In this programme, a stock was built in Tripoli apart from 27 stores distributed to all Jamahiriya's municipalities apart from enlarging the central medical laboratory in Tripoli, building 2 new central laboratories in Benghazi and Sabha beside 9 central medical laboratories which will be annexed to some general hospitals. This programme also included the building of a factory to produce vaccines in Tripoli.

During this year, the main medicine stores projects will be completed in Tripoli with stores in Ubari, Ghat, Sof Ejjin, Ajdabiyah, Misrata and Murzug and operating them all apart from developing the widely used drugs. Also to keep pace with the scientific developments in the field of medical equipment and medical provision through the establishment of advanced technology that contributed in developing diagnosis and cure.

The manpower development programme aims at training and Libyanisation to cope with the large expansion in the health fields and to appoint national elements to replace all foreign elements which were needed to run the new health institutions. During this year, 20 complete health institutes will be built all around Jamahiriya apart from the completion and equipping of another 23 institutes.

Graduates from all medical colleges from 1981-1984 totalled 1,697.

As for higher institutions in the medical field in the same period, they graduated 134 and expected to graduate 600 during 1984/1985.

Apart from all that there are two firms in the health sector: the medical equipment company and the medicine company. They were assigned with following up and carrying out maintenance of medical equipment and their provision apart from taking care of medicine supply and distribution to various health centers and pharmacies in Jamahiriya.

CSO: 5400/4600

MEXICO

BRIEFS

'AIDS' CASES CALLED MISDIAGNOSES--The head of the Coordinated Health Services, Dr Antonio Garcia Sanchez, while categorically denying that any cases of AIDS (Acquired Immune Deficiency Syndrome) have been registered, noted that the disease is being confused with "condelomatosis" [translation unknown], a viral-type illness not related to AIDS in any way. In an exclusive interview at the close of a meeting setting up the State Program To Fight Drug Dependency, Garcia Sanchez noted that the symptoms of condelomatosis manifest themselves on the genital organs, but that it has never been shown to be the same disease. [Excerpt] [Tuxtla Gutierrez LA VOZ DEL SURESTE in Spanish 6 Jul 85 pp 1, 5] 11,464

CAMPECHE: REFUGEE-STIMULATED MALARIA--Campeche, Camp., 6 Jul--The arrival in Campeche of over 12,000 Guatemalan refugees in the past year has led to an increase in malaria, a disease almost completely eradicated in the area but that now threatens to take on epidemic proportions. It is estimated that so far this year, there will be over 20,000 cases. Based on information from the coordinator of the Program To Fight Malaria, Dr Irma Fernandez Zarate, the risk of contracting the disease has increased ten times over in the past 4 years. The incidence of malaria in 1984, when the immigration of Guatemalans began, was 238 percent greater than in 1983 and 1,209 percent greater than in 1980. "To date," Fernandez Garate said, "there have been 5,406 cases of malaria in the area, without counting the 1,497 Guatemalans who were hospitalized in Campeche already with the disease and who were a factor in the incidence of the disease, mainly in towns near refugee camps such as Postunich, Carrillo Puerto and Pich. The local coordinator of the Malaria Program asked for the urgent cooperation of the Mexican Commission on Refugee Assistance (COMAR) in order to give greater medical attention to Guatemalan refugees. She emphasized that the IMSS [Mexican Social Security Institute] does not have a large enough budget to meet the needs of a constantly growing population and that "if this situation continues, we could have over 20,000 cases of malaria in the state, with a high rate of mortality." She recalled that the incidence of the disease among Guatemalans is very high: Among the 12,000 refugees in Campeche, over 1,497 cases have been detected, meaning over 10 percent of the Central American population here. In addition, the refugee camps in the municipalities of Champoton and Campeche are in areas that had a low incidence of the disease before May 1984 and that they now need special attention to fight it. [Excerpt] [Mexico City EXCELSIOR in Spanish 7 Jul 85 pp 4-A, 32-A] 11,464

CHIAPAS ONCHOCERCIASIS CASES--Tuxtla Gutierrez, Chiapas, 12 Jun--Over 25,000 families are suffering from onchocerciasis and if nothing is done about the disease, they could go blind, said Secretary of Health Antonio Garcia Sanchez. Garcia Sanchez further stated that despite the fact that action to fight the fly which carries the disease has been temporarily suspended, "a sanitary belt was recently set up to prevent the disease from being spread to other areas of the region." [Text] [Mexico City EXCELSIOR in Spanish 13 Jul 85 STATES section p 4] 11,464

BAJA CALIFORNIA, YUCATAN AIDS--It has been confirmed that three persons have died in Baja California and Yucatan as a result of acquired immune deficiency syndrome, AIDS. However, officials in Puebla have denied that there are any cases of the disease there. Diego Fernandez de Castro, head of the Coordinated Public Health Services in Mexicali, reported that at least 50 cases of AIDS have been registered in the country since 1983. In Puebla, the director of the Clinical Laboratories of Puebla, Guillermo Ruiz Arguelles, said that only five persons have demonstrated the initial symptoms of the complex AIDS syndrome, wrongly called "presida" or "creci." [Text] [Mexico City EXCELSIOR in Spanish 14 Aug 85 STATES section p 4] 11,464

AIDS CONTRACTED IN U.S.--Health officials in Baja California Norte have reported another case of AIDS, this time in a 24-year-old woman who received a blood transfusion in Los Angeles, California, 3 [word deleted] ago. The Puebla University Hospital blood bank has also reported that there is a scarcity because of the fear of contagion from infected syringes. The woman who contracted the disease in Los Angeles is Elizabeth Soto, who lives in Tijuana. Porfirio Garcia Gonzalez, head of Health Jurisdiction No 2 in this city, said that the woman is being cared for in a private clinic and that for the time being, the case is "under control." However, she remains under medical care because she has contracted tuberculosis bacilli which evolve rapidly as a result of AIDS. Garcia Gonzalez did not rule out the possibility of more cases of AIDS "because of the difficulty of making a diagnosis of the disease." He added that in 1983, the first case of AIDS appeared in the area, but that doctors taking care of the patient, who finally died, thought it was a kind of cancer. He said that the Secretariat of Health recommended special care in transfusions and in sexual relations, since these are ways in which the disease is spread. [Excerpts] [Mexico City EXCELSIOR in Spanish 15 Aug 85 STATES section p 3] 11,464

CSO: 5400/2086

MOZAMBIQUE

BRIEFS

POLIO, MEASLES VACCINATIONS--More than 39,000 children have already been revaccinated against polio and measles in various health centers and stations in the city of Maputo in the revaccination campaign against infantile paralysis and measles which is now underway in the country's capital. According to Dr Oscar Monteiro, director of the Center for Preventive Medicine and Medical Examinations, nearly 16,000 children have been vaccinated against measles to date. The campaign was launched in the country's capital because cases of infantile paralysis were detected. However, during revaccination against this disease, many cases of measles were also detected, which caused the campaign to be broadened to include this disease also. Dr Oscar Monteiro also said that health agents in various health stations and centers in the city have been working on mobilization and awareness-raising for parents so that they will let their children be vaccinated. This has met with positive results. Dr Oscar Monteiro stated that just last week we recorded 852 measles vaccinations, while the weekly norm is 500. This high number is being registered thanks to the mobilization carried out by health agents. Let us recall that the re-start-up of this campaign was due to the partial loss of effectiveness of vaccinations given in the previous campaign. This situation was detected by the World Health Organization (WHO), to which some samples of vaccine were sent for analysis. [Text] [Maputo NOTICIAS in Portuguese 10 Aug 85 p 1] 9895

CSO: 5400/192

NETHERLANDS

GOVERNMENT ON SPREAD OF AIDS, PREVENTIVE MEASURES

The Hague ANP NEWS BULLETIN in English 23 Sep 85 pp 3-4

[Text] Leidschendam, September 23--The number of patients with acquired immune deficiency syndrome (Aids) in the Netherlands would rise far less drastically than first projected to some 4,000 by 1990, considerably less than the 150,000 predicted earlier, the health ministry said on Friday.

Health State Secretary Joop van der Reijden said in a memorandum that the proliferation rate of the disease which attacks the body's immunity system rendering patients fatally susceptible to normally harmless ailments would decline over the coming years.

The first Aids case reported in the Netherlands was in 1981 and 66 patients were now registered, Van der Reijden said, adding that based on American trends this figure was expected to rise some 150 by the end of the year.

For the first time since the polio epidemics in the 1950's society was being confronted with a serious infectious disease of epidemic proportions for which there was no cure, Van der Reijden said.

The memorandum pleaded for special attention to be given to the prevention of Aids and care and counselling for Aids patients.

Dutch Policy

Some 86 percent of Aids patients die within three years, while the number of people infected with the virus is 100 times greater. Thus the Netherlands counted some 5,000 to 6,000 people who had been infected by the virus--a number expected to rise in proportion to registered patients to at least 400,000 by 1990, Van der Reijden said.

The state secretary said Dutch policy on the disease had been well coordinated so far, thus enabling the country to escape the panic reactions which broke out in Britain and the United States.

Since 1983 representatives of blood banks, haemophilia patients, male homosexuals, drugs institutions and general health services had exchanged information and ideas on the problem, while a similar coordinated approach had been taken by the respective policy departments within the health ministry, he said.

Currently high risk groups were being approached in a long-term campaign aimed at changing 'risky lifestyles,' Van der Reijden said. He cited high risk groups such as homosexual males with frequently changing sexual contacts and drug addicted prostitutes as groups which were being approached.

Van der Reijden pointed out that blood banks had already taken the necessary measures to prevent contaminated blood from being used.

The memorandum, discussed by the cabinet last Friday, will go to the second chamber this week.

CSO: 5400/2502

NICARAGUA

DECREASED INCIDENCE OF MALARIA IN 1985 REPORTED

Managua LA PRENSA in Spanish 4 Aug 85 p 8

[Text] The regional Ministry of Health is making epidemiological observations in order to detect the largest possible number of persons suspected of having or having had malaria.

Technical expert German Gaitan, who has been working on the eradication of malaria for 33 years, said that this is done by making slides of blood samples and examining them.

Drawing comparisons, he added that in 1976, 41,332 slides were examined in the region and that in 1984, 112,592 were examined. There were 5,209 positive cases during 1976, and in 1984 only 1,182 were positive, in spite of the fact that three times as many examinations were made.

The incidence of the disease during 1976 was 10.5 for every 1,000 inhabitants, and by 1984 it was reduced to 1.34 for the same number of inhabitants. Now in 1985 malaria is under control and the incidence has been lowered to 1 case for every 1,000 persons.

The technical expert pointed out that most of the problems arise in the areas of conflict, where 284 positive cases originated in 1984 and 95 so far in the current year.

The country's areas of conflict that produce the greatest number of positive cases are: Rio San Juan, Zelaya Norte, Zelaya Sur, Zelaya Central, Matagalpa, Jinotega and Chontales.

According to what he said, the years 1983 and 1985 were the periods when the lowest incidence of malaria were registered.

But there is a problem in that malaria is also carried from Honduras to Nicaragua, which does not permit the prompt eradication of the disease, and the situation is becoming more serious because of the existing limitations on the supply of insecticides.

"Any person who suffers from headaches, vomiting, lack of appetite, high fever and chills should visit the health centers or first-aid clinics to be tested

for the presence of malaria."

"We have confirmed that preventive medicine is the only program that provides oral treatment and also assumes responsibility for finding carriers of the fever in a 500-meter radius, which is the indicated procedure for detecting the carrier. It is necessary that the sick person receive treatment for 5 continuous days in order to get well," he pointed out.

Gaitan also said that he recommends that citizens prevent the formation of artificial breeding places for mosquitoes by getting rid of stagnant waters. The anopheles mosquito that transmits malaria lays its eggs in quiet, clean waters that are at optimal temperature.

9907

CSO:5400/2097

28 October 1985

NIGERIA

HERPES CASES DISCOVERED IN ZARIA

Kaduna SUNDAY NEWS NIGERIAN in English 22 Sep 85 pp 1, 13

[Article by Matthew Onwadinjo]

[Text]

HERPES, the deadly, sexually transmitted disease which broke out in Europe and the United States of America and has defied medical control has been reported in Zaria, Kaduna State.

More than 100 persons are known to have contracted the deadly disease in Zaria and their care, according to authorities at the Ahmadu Bello University Teaching Hospital (ABUTH), is 'hopeless.'

Dr. C.S.S. Bello, Venereologist and Consultant at ABUTH told the *Sunday New Nigerian* that more than one hundred patients have been found to be suffering from herpes since it was first reported in Zaria a year ago. He said that there was nothing he or the hospital could do to cure the patients of the disease

because no drug has yet been found to effect a cure.

Dr. Bello explained that herpes looks like hot water burns with shallow ulcers around the genital and is associated with swelling of the groins and a lot of uncomfortable pains. "In a woman," he said, "it stays in the mouth of the womb and if a baby is born from a mother with the disease, it will go blind and/or damage the baby's brain if it enters the baby's body."

Dr. Bello however, said that there are two types of herpes — type one and type two. Type one, he explained, had been with us in the country for many years and is caught early in life. He said most Nigerians have got the disease as it is found in saliva but that it protects against the type two which is the genital herpes.

He urged the federal Government to grant funds to the Ahmadu Bello University Teaching Hospital and the University College, Ibadan to carry out research work on vaccines for prevention of V.D.

He said unless the federal government plays the role of a good-father Nigerians with V.D. will continue to suffer.

CBO: 5400/9

NIGERIA

LEPROSY CASES INCREASE IN BAUCHI STATE

Kaduna NEW NIGERIAN in English 23 Sep 85 p 15

[Text]

THERE are about 24,000 known cases of leprosy in Bauchi, the medical officer in charge of the Bayara General Hospital, Dr. Martin Groot, said in Bayard.

Conducting the Governor of the state, Lt-Gen Chris Garuba round the hospital, Dr. Groot said that the figure showed an appreciable increase over the 15,506 cases recorded in 1982.

He said that there were about 260 leprosy clinics located in different parts of the state and attributed the increase in leprosy cases to the fact that most of the people were not aware of the facilities available in the clinics.

Dr. Groot explained that although most leprosy patients brought to the hospital could have been cured if their cases were diagnosed at the early stages, some of them had to be amputated due to the advanced stages of the disease.

He said that expansion work on the hospital was progressing satisfactorily and that when completed, it would accommodate 40 more patients. (NAN)

CSO: 5400/9

NIGERIA

LEPROSY OUTBREAK REPORTED IN NSUKKA

Enugu WEEKLY STAR in English 22 Sep 85 p 16

[Article by Cassidy Uchendu]

[Text]

THERE are more than 200 people suffering from leprosy in Nsukka Local Government Area, the superintendent of health with the Nsukka Public Health Department, Mr Cosmas Igwebuike, has disclosed.

Mr Igwebuike said in his office on Tuesday that the number represented only those who are now being treated in the Leprosy Unit of the Nsukka Health Centre.

Mr Igwebuike said there was no other way of preventing the spread of the serious skin disease other than making those affected come to take treatment, adding that unidentified cases of the disease abound in the area.

He said there are five different types of leprosy, two of which are not infectious, and

warned that unless sufferers of the disease are courageous enough to come forward for treatment, the disease could spread.

Out of the 200 leprosy cases registered at the clinic, three have been treated and discharged.

These cases were identified by Mr Igwebuike's team during tours of some communities in the Local Government Area.

The health superintendent has also published an itinerary for visits to different communities in Igbo-Etiti Local Government Area for leprosy case-finding and spot survey.

In his circular to traditional rulers and councillors, Mr Igwebuike appealed that all communicable diseases be brought to the notice of his team during the tour which started on September 12 and will end on December 16.

But Mr Igwebuike said he would not carry out this all-important duty without means of reaching the people, revealing that his unit had no vehicle.

He appealed to the local and state governments to provide his unit with a vehicle to enable it eradicate leprosy which was fast spreading to "ungovernable proportions in the state".

PAKISTAN

COMMENTARY DISCUSSES CONCERN OVER AIDS

Karachi DAWN in English 24 Sep 85 p 5

[Text]

FOUR years after the disease was identified and given a name in the United States, AIDS — the acronym for Acquired Immune-Deficiency Syndrome — has created a minor stir in this country. Not that AIDS cases have so far been officially verified and established by medical authorities in Pakistan. Only one patient is said to have been diagnosed as being an AIDS victim. But the widespread publicity this dread disease has received in the Western media made it inevitable that the fear of AIDS would sooner or later produce its reverberations in this country. This has now happened. A number of MNAs have voiced their concern in the National Assembly over the threat which AIDS poses to public health. In view of the medical profession's scanty knowledge about the mode of transmission of this fatal disease and science's inability to find a cure or a preventive vaccine, it is not surprising that concern should have been expressed in some quarters in this country too. Suggestions — not all of them practicable — have been put forward, such as the screening of all travellers coming from abroad and the destruction of

second-hand clothing sold in the market here. The Federal Health Minister has been correct in not sounding alarmist. Whatever little research has been conducted in some of the Western countries on AIDS has established that the disease is not airborne, hence it cannot be transmitted by ordinary social contact.

While it is important not to create a scare lest people should fall prey to ill-informed fears, it would be unwise to dismiss AIDS as having no relevance for us. For one thing, the disease has a proven tendency to spread fairly rapidly and often undetected for long. No fewer than 13,000 cases have been reported in America alone since 1981; of these 6,000 have already died and the rest may be dying. According to one estimate, over a million Americans are carrying the virus — many of them without being aware of it. For another, like many other diseases, AIDS knows no national or geographical frontiers. Its incidence in Africa is said to be high, while the Europeans are now being afflicted in large numbers. In Pakistan, it is difficult to be certain whether or

not some cases have gone undetected. The fact of the matter is that the AIDS virus which attacks the body's immunity system can be transmitted in many ways through bodily fluids, primarily the blood stream. At first, homosexuals were believed to be the most vulnerable group and sexual promiscuity of Western society was considered to be the major factor in the rapid spread of the disease. But now this initial notion has been modified as latest findings indicate that even those not indulging in deviant sex practices are susceptible to infection through blood-to-blood contact. In other words, the AIDS virus can also be transmitted through blood transfusions and the use of infected hypodermic syringes.

It is this aspect of the mode of transmission that must be a cause for worry for any country, including Pakistan. In the absence of any obligatory procedure of screening of blood donors and the unsatisfactory standards of hygiene and of sterilisation of medical equip-

ment, AIDS can spread quite easily in this country once the virus has found its way into it through a carrier who might himself not show any symptoms of the disease for many years. We can only emphasise once again the need to streamline the working of the blood banks in the country. Not only should professional donors be debarred, but all blood banks should be asked to carry out screening of donors for AIDS virus. Greater use of disposable syringes could also ensure against the spread of infection. Mandatory screening of all travellers might not prove very practical. But it would be legitimate to expect that the countries where the disease has assumed serious proportions will themselves conduct tests to identify potential carriers, especially in the context of international travel. WHO, which is setting up a monitoring body in Nairobi, should play a more active role in disseminating information and drawing up guidelines for Governments interested in adopting protective measures.

CS0:- 5400/4700

PAKISTAN

SUCCESS OF IMMUNIZATION DRIVE REVIEWED

Karachi DAWN in English 26 Sep 85 p 2

[Text]

ISLAMABAD, Sept 25: The lives of more than 170,000 infants will be saved yearly, the World Health Organisation (WHO) estimates, as a result of a stepped up immunisation campaign now underway in Pakistan.

An estimated three million occurrences of six killer diseases of childhood will also be prevented. According to a report published in the WHO weekly epidemiological record, the number of immunisations against the diseases increased about five per cent of 65 per cent in two years.

Pakistan's campaign is part of WHO's expanded programme on immunisation, launched in 1974, with the aim of protecting all children against the diseases by 1990. UNICEF is the major supporter of the programme.

In 1983, Pakistan carried out 1.5 million immunization against measles, the No. 1 killer of children and 4.2 million against tuberculosis, according to figures available to WHO.

Three doses are needed to protect against polio, as well as diphtheria and tetanus etc. In 1983, 1.8 million and 800,000 third dose immunizations were administered.

The provinces of Punjab and the North-Western Frontier, with a combined population of 58 million out of Pakistan's total 84 million achieved best results. Over all, the report says, Punjab had the "highest coverage" for immunizations

against DPT and polio and the lowest drop out rate that is about ten per cent of children did not turn up for the third dose.

The country's new impetus against the six diseases stems from a nationwide evaluation, made earlier, which found the immunisation programme slow and unsatisfactory. The report of 1983 led Pakistan to increase tenfold its budget for immunization.

Such of the country's success is attributed to the use of out-reach teams that work out of health centres but carry out day long tours, to administer immunizations in rural areas. "Pakistan demonstrated that coverage levels can climb rapidly when political and health leaders join in a concerted effort to achieve common goals," comments the WHO weekly epidemiological record.

The country's goals are to immunize fully 15 million children under the age of five and also to immunise seven million pregnant women against tetanus. Although the protection of these women in Punjab is considered substantial the report says, tetanus toxoid coverage must be raised throughout Pakistan generally.

The report adds, almost four million children under the age of five die each year in the Third World, and another four million are disabled, as a result of the six childhood diseases. Yet vaccines against the diseases have existed for decades.—PPI

PANAMA

BRIEFS

MALARIA CASES OF 1985--A total of 96 cases of malaria, 1 of which was fatal, have been reported so far this year in Panama, Dr Diego Lorio, director of the National Service for Malaria Eradication, SNEM, has disclosed. The SNEM director indicated that many of these cases originated abroad, 16 cases having been persons who arrived from Colombia, 2 from Costa Rica, and 1 from Bolivia. In reporting the SNEM's actions to control the disease, Dr Lorio said that the blood of between 20 and 25 percent of the Panamanian population is currently being tested for malaria, underscoring that this percentage is 10 percent above that recommended for testing by the Pan-American Health Organization. [Panama City LA ESTRELLA DE PANAMA in Spanish 29 Sep 85 p a-1, a-14 PA]

CSO: 5400/2002

PEOPLE'S REPUBLIC OF KAMPUCHEA

SPK REPORTS DEVELOPMENT OF PUBLIC HEALTH

BK011426 Phnom Penh SPK in English 1106 GMT 1 Aug 85

[Text] Phnom Penh SPK August 1--Public health care throughout Kampuchea was gradually improved in the past six months as a result of the expansion of the health network, including the increasing numbers of medical workers.

The efforts at upgrading knowledge for the medical staff were made at home and abroad. Good results in training medical workers were recorded at the provinces of Prey Veng, Kandal, Kompong Cham, Kompong Speu, Kampot, Kompong Thom, Savy Rieng and Battambang. Many students were sent to fraternal socialist countries while cadres went there on study tours. Furthermore the cooperation between the Kampuchean authorities and medical officials from friendly countries and the international organizations were satisfactorily conducted.

Sanitary systems were strengthened and broadened even at communes. The numbers of in-patients increased by eight percent compared with last year, while a quantity of hospital buildings and health centres of dispensaries was added.

A number of measures to prevent deadly diseases were taken. These included the publication of booklets and posters aimed at improving the population's general knowledge of hygiene. As a result the rate of such epidemic diseases as dysentery and diphtheria sharply decreased, while incidents of malaria and hemorrhagic fever were treated in time.

Inhabitants joined efforts with health workers to develop sanitation, building more privies, and bathhouses, living in "three-clean" conditions...

More attention was given to mother and child care, including vaccinations against measles, polio, tuberculosis, tetanus, whooping cough and diphtheria.

The pharmaceutical service fulfilled only 40 percent of its production plan due to lack of raw materials and other difficulties. In the meantime traditional medicines were increasingly used in treatments in combination with modern ones.

CSO: 5400/4308

PEOPLE'S REPUBLIC OF KAMPUCHEA

EXPERTS SURVEY DEPTH OF MALARIA PROBLEM

Bangkok THE NATION REVIEW in English 13 Jun 85 p 5

[Text] **A SURGE of virulent malaria in Kampuchea has put thousands of people into hospitals, according to United Nations officials recently in Phnom Penh and other parts of the country.**

The upsurge began last year when Kampuchea in an effort to stop guerrilla infiltration sent tens of thousands of conscripts to clear jungles and build roads and defence works along the Thai border, said Tatsuro Kinugi, the UN official in charge of Kampuchean relief.

Thai and Kampuchean jungles have been documented as the worst areas in the world for malaria transmission, death rate and drug resistance, Dr Tim Mastro of the UN Border Relief Operation (UNBRO) told Reuters.

Aid workers reported recently that hospitals in Phnom Penh were packed with malaria patients returned from the border and that the case rate among some groups of conscripts was more than 50 per cent.

Kinugi said that when he visited Kampuchea in April officials admitted that they lacked sufficient anti-malaria drugs but did not specify malaria case statistics or death rates.

Diplomats in Bangkok said official details were unlikely because they would be an admission by Phnom Penh that the increase in incidence was a consequence of sending mass forced labour into malarial areas.

Kampuchean guerrillas battling to end Vietnam's six-year old occupation of their country generally operate along the Thai border. Since last November more than 80 Vietnamese incursions into Thailand have been reported.

Supreme Commander Gen Arthit Kamlang-ek said last week that his troops along the border area suffered as much from malaria as from bullets and mines.

He gave no details but said all soldiers returning from border duty had to undergo medical inspections.

Night-biting anopheles mosquitos, which hide in jungles and breed in slow-running water, cause malaria by injecting falciparum or vivax parasites.

Falciparum is more prevalent because of its high resistance to treatment by drugs. It can cause cerebral malaria, lung, liver and kidney problems.

DEADLY DISEASE

Mastro said malaria was deadliest among infants, pregnant women and persons suffering from malnutrition, tuberculosis, dysentery or other diseases.

Conditions among the more than 230,000 Kampuchean refugees camped along the Thai border give an indication of the gravity of the problem facing Kampucheans in malarial areas.

In 1984 UNBRO documented 80,000 cases of malaria for an average 335 cases per 1,000 refugees, most of it falciparum. The infection rate at Sokh San Camp was 1,200 cases per 1,000 refugees due to reinfections, according to Mastro.

He said 384 of the 80,000 documented cases developed cerebral malaria resulting in 161 deaths. "That was probably a gross underestimate of the actual problem," he added.

To battle the disease UNBRO and the Thai government have begun the world's first operational use of the drug mefloquine, which when given in a single dose with another drug, sulfadoxine-pyrimethamine, can be 99 per cent effective against falciparum, according to malaria specialists.

Mefloquine's use is strictly controlled and over-the-counter sales and preventive use are prohibited to prevent falciparum developing resistance to the drug.

Falciparum is so hardy that some doctors have predicted that it could be resistant to mefloquine within five to seven years.

Mefloquine is not available in Kampuchea where medics rely on the standard seven-day, 95-per cent effective cure of tetracycline and quinine. But the drugs are in short supply there.

Experts warn that shortages of medicine can be doubly dangerous if patients take less than optimum dosages.

"If you skimp, you don't kill all the parasites and falciparum builds up more resistance," an American epidemiologist here said.

Kinugi said that the upsurge of malaria coupled with food shortages made it essential that international assistance continue to be given to Kampuchea.

In Thailand, malaria — once the number one killer disease — has been put under control with the death rate down to 7.8 persons per 100,000 population from 351 per 100,000 population in 1943. — Reuter

CSO: 5400/4309

PEOPLE'S REPUBLIC OF KAMPUCHEA

BRIEFS

ANTI-EPIDEMIC CAMPAIGN--Phnom Penh, 23 Jun (SPK)--The Phnom Penh municipal health service has coordinated its activities with the National Sanitation and Epidemiology Center attached to the Ministry of Public Health in launching a campaign against epidemic diseases, first of all dengue fever. To this end, the city's sanitary service has set up three teams: the inquiry team, the sanitary education team, and the team dubbed 3-D (disinsectization, disinfection, and deratization). The first team is assigned to make on-the-spot research on mosquito larvae which engender the aedes aegypti, active agents in the transmission of the dengue virus. The second team is in charge of familiarizing the population with preventive and hygienic measures by capitalizing on cleanliness both inside and outside the living quarters, in other words, by proceeding with the destruction of mosquito larvae. The third team has so far sprayed malathion and fenitrothion on a total area of 374 hectares. Moreover, the service has vaccinated 32,800 persons against tuberculosis, cholera, and typhoid. [Text] [Phnom Penh SPK in French 1114 GMT 23 June 85]

CSO: 5400/4308

PERU

BRIEFS

CHILDREN'S EPIDEMIC--Lima, 9 Oct (AFP)--A rare epidemic disease similar to measles, has killed 20 children in Kiteni and Koribeni, Cusco Department. Symptoms are high fever, dehydration, and suffocation. [Summary] [Apri AFP in Spanish 1513 GMT 9 Oct 85 PY]

CSO: 5400/2007

POLAND

DECREASE IN TUBERCULOSIS MORBIDITY SLOWING DOWN

Warsaw PRZEGLAD LEKARSKI in Polish No 5, May 85 pp 465-469

[Article by Ireneusz Szczuka, Zenon Piasecki and Grazyna Janic of the Department of Epidemiology and Tuberculosis Control of the Warsaw Institute of Tuberculosis: "Tuberculosis in Poland: The Present Epidemiological Situation"]

[Text] The incidence and mortality rate of tuberculosis in Poland in 1982 has been evaluated and analysis of the variability of these figures in 1970-1982 indicates that in spite of some improvement in the situation, the incidence of tuberculosis is diminishing at a slower rate in recent years.

The 100th anniversary in 1982 of Robert Koch's discovery of the tuberculosis bacillus certainly contributed to increased international interest in that disease. That was one of the causes but not the most important. A much greater role in this renewed interest was played by apparent signs that many countries are not making satisfactory progress in eliminating this disease. The 1960's optimistic predictions of an early uprooting of tuberculosis have not been fulfilled.

Opening the 1981 conference of the Joint Research Group of the International Antituberculosis Union and the UN World Health Organization which was dedicated to eliminating tuberculosis throughout the world, Anik Raillon, the director of the International Antituberculosis Union said: "...the present situation of tuberculosis is a paradox. It is a disease whose natural history is known. Simple, effective and standardized methods of fighting this disease have been developed and introduced to national health program. However, the distance between expectations and achievements has not only persisted but grown and this is a cause for alarm". There has also been alarm over tuberculosis in Poland.

The goal of work is to assess the epidemiological situation of tuberculosis in Poland in 1982 and to evaluate epidemic trends for tuberculosis during the period of 1972-1982.

Materials and Methods

The epidemiological situation of tuberculosis is assessed according to the commonly-used standards of incidence, morbidity and fatality.

Incidence is evaluated on the basis of "announcements of new cases of tuberculosis" received by the Department of Epidemiology and Tuberculosis Control of the Warsaw Institute of Tuberculosis from all over Poland. Morbidity is evaluated on the basis of information from regional tuberculosis and lung disease clinics.

Fatality is evaluated on the basis of data on the "original cause of death" received by the Chief Statistical Bureau. All factors are computer per 100,000 persons.

Results

Incidence

The incidence of tuberculosis is the most important standard for evaluating the epidemiological situation because it is most considered figure.

Regional clinics throughout Poland registered in 1982 23,685 new cases of tuberculosis (incidence factor of 65.4 per 100,000) which was 402 fewer cases than the preceding year or a drop of 2.5 percent.

The number of new tuberculosis cases in 1982 was 18,457 fewer than 12 years prior to that. Morbidity dropped from 128.5 in 1970 to 65.4 in 1982 (i.e. by 49.1 percent) and this amounts to an annual drop of 4 percent. The pace of this drop in the incidence rate was uneven. In 1970-1975, incidence decreased by 39.8 percent with an average yearly drop of 7.9 percent while in 1976-1982, incidence decreased by 10.4 percent at an average yearly drop of 1.7 percent.

The new cases of tuberculosis in 1982 included 12,639 consumptive persons which amounts to 53.4 percent of all newly recorded cases.

Morbidity from tuberculosis increase with age. In 1982, 493 children of ages up to 14 years developed tuberculosis and 125 of these were young children 5 years old or younger. Children comprised 2.1 percent of all new cases while in 1970 they made up 3 percent. In 1957, 20 percent of all cases of tuberculosis were children.

As in previous years, the male incidence of tuberculosis in 1982 was twice as high as that of women (for factors of 90.3 and 40.3 respectively). This difference in incidence rates between the sexes has been observed for many years. Rural inhabitants suffer more from tuberculosis than city dwellers and the factors are 66.9 and 63.1 respectively (see table 1).

The dominant form of this disease is tuberculosis of the lungs. In 1982, 95.1 percent of all cases were in the lungs and this trend has continued for many years. The remaining 4.9 percent was from 1149 persons suffering tuberculosis

outside of the lungs. In the case of the latter group, the most frequent forms of tuberculosis were in the digestive system (307 cases). Among the others in this group were 306 cases of tuberculosis in the urinary and reproductive systems, 292 cases of bone and joint tuberculosis and 50 cases of skin tuberculosis. In the same year, there were recorded 43 new cases of one of the most frequent forms of tuberculosis, cerebral and spinal meningitis. The level of incidence of this form of the disease, especially among children, is regarded as an indicator of the tubercular epidemiological situation in Poland. Five children and one teenager had tubercular cerebral and spinal meningitis. In 1970-1982, the number of new cases of tubercular cerebral and spinal meningitis was reduced threefold and 12-fold among children.

The most frequent new cases of tuberculosis were found in Biala-Podlaska province (95.7), Bielsko-Biala province (92.2), Zamosc province (86.4), Sieradz province (83.4) and in Ostroleka province. This means that the disease most often occurs in Northern and Southern Poland. There were significantly fewer cases in the northwestern regions: 36.4 in Slupsk province, 37.7 in Zielona Gora province, 38.3 in Leszno province, 42.7 in Poznan province and 44.8 in Olstyn province. In 21 provinces, tuberculosis incidence was higher than in 1981.

Morbidity

In 1982, tuberculosis and respiratory illness clinics recorded 50,668 persons with tubercular illnesses (a factor of 139.2). The chronically-tubercular, i.e. persons who have had the disease for more than two years, are the most important group epidemiologically because they are also a source of infection to others. These are whose chronic illness has in the majority of cases been the result of their unwillingness to receive systematic treatment. There were 768 such persons in 1982 (table II).

During the analyzed period, we recorded a systematic drop in the number of sick persons. In 1982, there were 35,000 fewer persons suffering from tuberculosis than in 1970 and the number of chronic consumptives was reduced during this period by 12,580. As in the case of the incidence of the disease, the rate of drop has been somewhat retarded in recent years (see figure 2).

Fatality

In 1982, 2390 persons died from tuberculosis and related causes (factor of 6.6). Elderly persons above 60 years of age most often die of tuberculosis however, in the same year there were four children under the age of 14 that died of this illness (table III).

In 1970-1982, there was a significant reduction in the number of tuberculosis deaths (from 8303 to 2390). Fatalities from tuberculosis were reduced nearly four times over this period (figure 3).

The percent of deaths from tuberculosis out of total deaths dropped from 9.1 percent in 1950 to 3.1 percent in 1970 and 0.7 percent in 1982.

International Comparison

Since retrospective evaluation makes it possible to determine the scale of changes that have taken place, comparison of the situation in Poland with that of similar countries allows us to assess the distance separating us from countries with a good epidemiological situation. Aside from Greece, Yugoslavia and Portugal, Poland is one of the countries with the highest incidence rates in Europe (table IV).

In comparison to countries with better epidemiological situations such as Holland, Sweden and Denmark, tuberculosis incidence is 6-10 times higher in Poland.

In comparison to its neighboring countries that have similar health care services, the tuberculosis situation in Poland is worse. Thus, the childhood tuberculosis incidence rate in Poland is 8 times higher than in the German Democratic Republic (17-20 cases per year with no recent recorded deaths from tuberculosis), four times higher than in Czechoslovakia and three times higher than in Hungary (7). Tuberculosis incidence among the general population in Poland is higher than it is in Czechoslovakia or Hungary and considerably higher than in the GDR.

Discussion

According to experts from the World Health Organization, the most important factor in assessing the tuberculosis situation in a country is the degree of infection by tuberculosis bacteria and the annual risk of infection. This is expressed as the percentage of the population exposed within a year. In countries such as Poland that require vaccinations, it is impossible to determine these parameters because the reaction to vaccination does not differ from the reaction to natural infection by tuberculosis.

According to estimations by Olakowski and colleagues, about one-third of the population in Poland was infected by tuberculosis bacteria in 1980 and 80 percent of this group was over 30 years of age. The authors themselves estimate that the annual risk of infection in Poland is 0.25-0.3 percent. Routine assessments of the epidemiological situation are based on available standards such as incidence, morbidity and fatality and the most important of these is incidence.

This article's limited analysis of the epidemiological situation of tuberculosis in Poland in 1982 and assessment of how this situation has developed in 1970-1982 indicates some improvement during that period. The measure of this improvement is the considerable drop in magnitude of such values as tuberculosis incidence and fatality. Along with these positive signs there have also been some signs that would indicate more cautious evaluation and prognosis. Thus, there has been recorded in recent years a drop in the rate of reduction of the incidence of tuberculosis. While the average annual drop in the incidence of tuberculosis in 1970-76 was 7 percent, it had dropped to 1.7 percent by 1976-82.

Such a low rate of drop in the number of cases of tuberculosis during this period was primarily the result of an increasing number of children contracting the disease. Despite some improvement over 1981, the rate of tuberculosis incidence for children in 1982 was only minimally lower than in 1976. There continue to exist in Poland a large number of sources of infection and they are being too slowly eliminated.

Despite some improvement, our nation continues to have a very high rate of fatality from tuberculosis and many children are still killed by this disease. At the same time, the present possibilities of properly-used medication means that the deaths from tuberculosis should be a coincidence. These deaths are broadly regarded as an indicator of failure in controlling this disease. However, we must remember that in the older age group which forms the majority of tuberculosis deaths, it is hard to determine the actual cause of death because this group tends to suffer from other illnesses as well. For that reason, erroneous diagnoses of the cause of death are fairly frequent. This limits the usefulness of this cofactor in evaluating the epidemiological situation.

The distance separating us from nations with a good epidemiological situation remains the same. Comparison of our present epidemiological situation with that of countries having better epidemiological situations must point out that the peak of tubercular epidemics in these countries occurred at the beginning of the present century and began to see some improvement before the introduction of antibacterial medicines. In Poland, tuberculosis reached its peak during the world wars which means that even today a large percentage of our population infected with the bacillus forms a pool that will for some time to come be the source of future illnesses. In spite of any reduction in the distance separating us from leading nations, it is hard to say that this distance is being reduced at a satisfying rate.

In the light of many years of observations, it would also be hard to exclude the possibility that the present economic and social problems might temporarily retard the drop in the incidence of tuberculosis in Poland.

Conclusions

1. In 1970-1982, the epidemiological situation with tuberculosis in Poland improved but the rate of improvement has slowed considerably in recent years.
2. Tuberculosis will remain an important health problem in our country for many years.

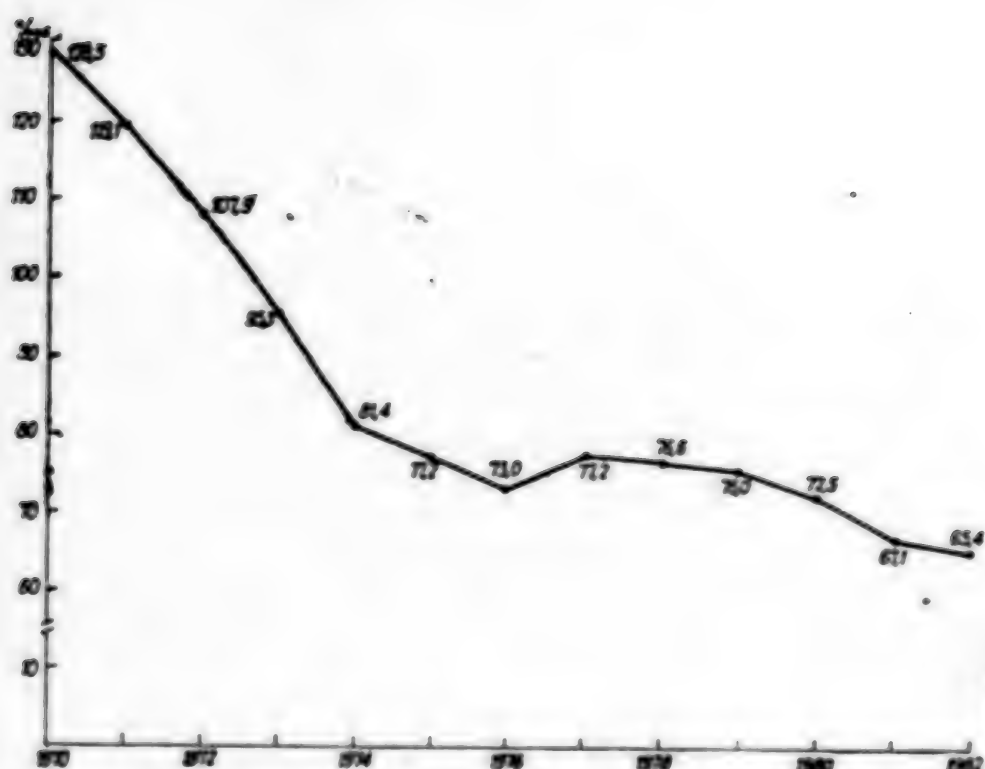


Figure 1.
Incidence of tuberculosis in Poland
in 1970-1982. Rates per 100 000 po-
pulation.

Table I.
Incidence of tuberculosis by sex, age and residence in Poland in 1982

	Absolute numbers						Rate per 100,000					
	total	0-14	15-19	20-44	45-64	+65	total	0-14	15-19	20-44	45-65	+65
Total*	23 665	493	814	10 418	7999	3901	65.4	5.5	31.1	76.4	107.0	111.9
Men**	15 946	250	400	6 778	6198	2322	90.3	5.5	29.9	90.3	177.3	172.4
Women**	7 478	242	412	3 497	1706	1621	40.3	5.5	32.3	61.6	42.9	73.9
Urban*	13 832	279	433	6 701	4588	1833	64.4	5.5	29.2	76.2	105.9	99.1
Rural**	9 853	214	381	3 717	3413	2128	66.9	5.6	33.6	76.6	108.5	126.0

* cases recorded in all clinics

** cases recorded only in clinics of the Ministry of Health and Social Welfare

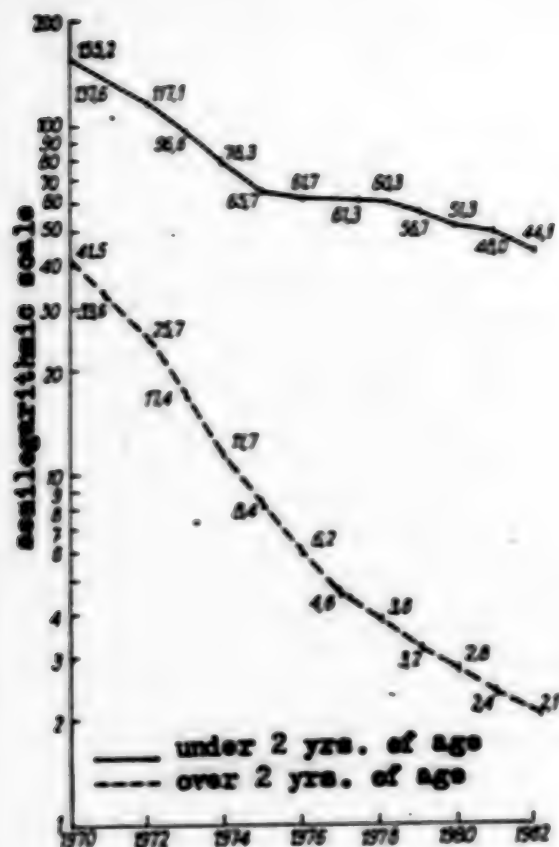


Figure 2

Morbidity of tuberculosis K+ in Poland in 1970-1982.
Rates per 100 000 population.

Table II. Incidence by age of tuberculosis of all types per 100,000 inhabitants in Poland

	Absolute numbers					Rates						
	total	0-14	15-19	20-44	45-64	65+	total	0-14	15-19	20-44	45-64	65+
total tuberculosis	23 645	493	814	10 418	7999	3901	63.4	5.5	31.2	76.4	107.0	111.9
tuberculosis BK+												
(TB - K+)	12 639	172	304	5 480	4315	2468	34.9	0.8	11.8	40.2	57.7	69.7

Table II

Tuberculosis morbidity (all forms) by age per 100 000 inhabitants in Poland in 1982

	Absolute numbers						Rates					
	total	0-14	15-19	20-44	45-64	65+	total	0-14	15-19	20-44	45-64	65+
total tuberculosis	50 668	855	1166	22 506	17 395	8746	139.2	9.5	45.2	164.3	230.4	248.0
tuberculosis BK+												
(TB -- K+)	16 041	102	281	7 037	5 646	2975	44.1	1.1	10.9	51.4	74.8	81.4
chronic tuberculosis	33	-	-	205	381	182	2.1	-	-	1.5	5.0	5.2

Table III

Tuberculosis mortality (all forms) by age per 100 000 inhabitants in Poland in 1982

	Absolute numbers					Rates						
	total	0-14	15-19	20-44	45-64	65+	total	0-14	15-19	20-44	45-64	65+
Deaths	2390	4	4	225	873	1284	6.6	0.0	0.2	1.6	11.7	36.3

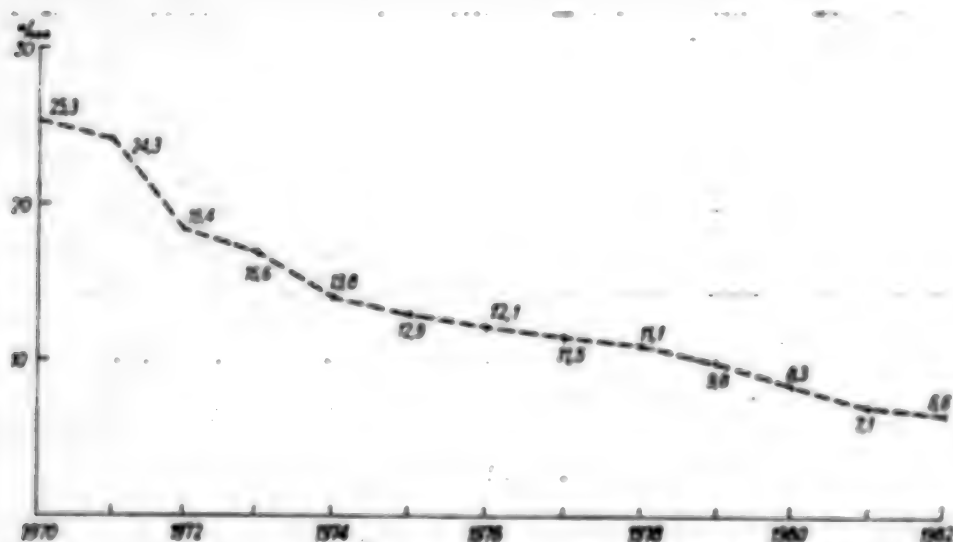
**Figure 3.** Deaths from tuberculosis in Poland in 1979-1982 (rate per 100,000).

Table IV. Incidence of tuberculosis in selected countries per 100,000 inhabitants

Country	Year	Rate
Denmark	1979	6,7
Norway	1979	9,3
Sweden	1981	10,5
Canada	1980	11,8
USA	1980	12,0
Netherlands	1979	12,3
England	1978/79	18,3
East Germany	1981	21,6
France	1980	26,9
Belgium	1979	40,3
Czech Socialist Republic	1981	40,8
West Germany	1979	45,4
Italy	1979	45,6
Austria	1979	46,8
Slovak Socialist Republic	1980	49,5
Hungary	1979	50,0
Romania	1980	54,5
Portugal	1976	63,3
Poland	1982	65,4
Greece	1976	88,4
Yugoslavia	1976	89,7

12261
CSO: 5400/3011

PORTUGAL

INCIDENCE OF AIDS REPORTEDLY NO CAUSE FOR ALARM

Cases Estimated at 20

Lisbon DIARIO DE NOTICIAS in Portuguese 21 Aug 85 p 1

[Text] At least 20 cases of AIDS may be considered to have appeared in the Santa Maria, Curry Cabral, Egas Moniz and Coimbra hospitals. Speaking to the DIARIO DE NOTICIAS yesterday, Professor Miguel Carneiro, director of the gastroenterology service of Santa Maria Hospital, confirmed the existence of six suspected cases described as suffering the symptoms that precede AIDS. Another source told us that in recent months some cases of AIDS symptoms have been treated in the Curry Cabral Hospital, confirmed the existence of six suspected cases described as suffering the symptoms that precede AIDS. Another source told us that in recent months some cases of AIDS symptoms have been treated in the Curry Cabral Hospital, while two confirmed cases of that disease are currently being studied in the Egas Moniz Hospital.

Meanwhile, in revealing to DIARIO DE NOTICIAS the rough estimate indicating the existence of 20 confirmed cases of AIDS in Portugal, Professor Miguel Carneiro said that some of those patients had already died. The disease showed up in three homosexuals, several drug addicts and a woman from Zaire. Although the danger of transmission is limited in the National Blood Institute, sample testing of blood donors is being conducted, but thus far no symptoms of AIDS have been revealed.

While the situation is not alarming by any means, the doctors in charge of the hospitals believe that it is timely to alert the public to the fact that the disease exists in the country and the advisability of taking adequate precautions.

Deaths Reported

Lisbon SEMANARIO in Portuguese 24 Aug 85 p 56

[Text] The figures, confirmed in some cases, reticently denied in others, affirm that AIDS is among us: in the Santa Maria Hospital, confirmation of six suspected cases: in the Egas Moniz, two patients are the subject of study; in the Curry Cabral, it is suspected in some patients. In the Sao Joao Hospital in Oporto, the report of two victims and other cases are under observation. In Lisbon, a hairdresser, also the partner in a bar and close friend of Antonio Variacoes, died last week after having returned from Paris where he had reportedly gone to the Pasteur Institute. A friend of both, the proprietor of a discotheque in Bairro Alto, also died about 2 months ago.

RWANDA

BRIEFS

HEALTH COMMISSION MEETS—Kigali, 19 Sep (AFP)—The Belgian-Rwandan joint commission on health, which had met in Kigali since Monday, ended its deliberations on Wednesday after examining a public health laboratory project, provision of primary health care services in Butare (in southern part of the country), the progressive extension of the mental health scheme to the entirety of Rwanda, and the issue of the Pharmaceutical Laboratory of Rwanda in Butare, which are all the result of Belgian-Rwandan cooperation. On his part, the permanent secretary at the Ministry of Public Health and Social Welfare, Francois Hakizimana, stressed that some authorized hospitals in the interior of the country were short of medical doctors because the technical assistants who left were not replaced. The Rwandan delegation was led by Mr Hakizimana, while the Belgian delegation was led by Jean Burke, director of the department of cooperation for development. [Text] [Paris AFP in French 1349 GMT 19 Sep 85]

CSO: 5400/4

SOUTH AFRICA

BRIEFS

NEW CASES OF RABIES IN NATAL--Two more cases of rabies involving stray dogs have been reported to the State Veterinary Department in Pietermaritzburg. In the first case, a policeman at Underberg reported that a stray dog, which was behaving strangely, attempted to attack him and some farm labourers near the town last week. He shot the dog and an examination of the animal's brain showed that it was rabid. In the second case, a farmer at Gingindhlovu, Zululand, reported that a stray dog, foaming at the mouth, entered his farm and attempted to attack some of his farm workers. He was called and shot the dog dead. Again, the dog's brain showed that it had rabies. Commenting yesterday, a spokesman for the State Veterinary Department, Pietermaritzburg, said that although the situation in Natal was not as serious as last year there was cause for concern in some areas. This applied particularly to areas of the Natal South Coast and the Ugeni Valley. He said that the response to inoculation programmes in these two areas had been poor. He was concerned that the dreaded disease could be carried by stray animals into Transkei.

[Text] [Johannesburg THE CITIZEN in English 1 Oct 85 p 13]

CSO: 5400/8

THAILAND

BETTER RABIES VACCINE BEING DEVELOPED

Bangkok THE NATION REVIEW in English 22 May 85 p 15

[Article by Donna Mizzi]

[Text]

A PROJECT to develop a safer and cheaper rabies vaccine is being started by the Thai Red Cross Society.

At present there can be serious side-effects with the widely used vaccine, ranging from headaches for many patients, to effects on the central nervous system. For a small number of patients globally, it has even led to paralysis and death.

"It is a heck of a problem. It's been worrying us for years," said the director of the Division of Science at Thai Red Cross, Dr Supawat Chutivongse.

He added that normally a patient is treated if there are any side-effects. Dangerous problems have tended to arise if the patient has not gone back to the doctor.

But to avoid such risks, he wants to see a new type of vaccine called Verocell developed and produced here. But it will be a long time before this vaccine is ready.

First collaboration is needed for aid from foreign pharmaceutical companies. Though this type of vaccine is already used in various parts of the world, it will take maybe five or six years before it is properly developed and tested here.

Eventually the cost of this

injection should be only about 60 baht a shot, as it will self-cultivate, allowing it to be produced on a large scale.

There is already an alternative to the side-effect prone vaccine — the Human Diploid Cell Vaccine. But it is very expensive costing about 600 baht per jab, normally a patient will need six injections. And only small batches of this vaccine can be made at a time.

Rabies is a big problem in Thailand, with approximately 300 people dying each year from this disease which eventually stops the brain from functioning.

About 10,000 people called at the Red Cross Health Centre last year, as a precaution against rabies, after they had been bitten by animals. Nation-wide, it is not known how many people go to other health centres for rabies jabs as a precaution. It is vital that a vaccine is obtained if there is a risk of rabies.

Mammals, foxes and wild animals can be carriers. But dogs make up 90 per cent of the rabies problem in Thailand, with cats representing about five to six per cent.

THAILAND

TAK MALARIA CASES REPORTED

Bangkok THE NATION REVIEW in English 17 Jun 85 p 3

[Text]

TAK was found to have the largest number of malaria patients in the country last year which also saw a rise in the number of malaria cases, a senior official of the Public Health Ministry said.

Dr Yenjit Thongsomboon of the Malaria Division of the Communicable Disease Control Department, also gave a list of 10 provinces whose combined number of malaria patients represented 55.6 per cent of those throughout the country.

The 10 provinces, which are mostly in the border areas, are Tak, Trat, Chanthaburi, Yala, Kanchanaburi, Prachinburi, Rayong, Songkhla, Chonburi and Si Sa Ket.

The 10 provinces reported a total of 165,495 malaria cases. Tak alone had 33,062 cases, she said.

Dr Yenjit said the number of malaria cases last year rose by 55,788 from that of 1983.

She said the Malaria Division last year conducted blood tests among 6,615,389 people and found malaria in 209,550 of them.

Dr Yenjit said the influx of Kampuchean

refugees and members of minority groups from Burma into Thai border areas was probably responsible for the increase in the number of malaria cases in many of the border provinces.

She said many members of Thai security forces who were sent to protect the border areas also contracted the disease and later spread it in other areas.

Director General of the Communicable Disease Control Department Dr Winich Anuvasena last month said that there have been an average of 16 cases of malaria among every 1,000 Thai

villagers in the border areas.

He quoted a report of the World Health Organization (WHO) as saying that during the massive refugee influx in 1979 and 1980, about 70 per cent of the Kampuchean refugees were suffering from malaria.

Large numbers of Karen refugees have been fleeing into border areas in Tak from military offensives launched by Burmese forces over the past several years.

THAILAND

BRIEFS

CHOLERA MORTALITY RATE--A total of 139 people have died of cholera since the beginning of this year. However, the number of people suffering from the disease has been on the decline since June. The director of the communicable disease control division of the Health Department said most of the cholera victims live in slums. She said health officials visited the residences of all cholera patients to inspect the types of foods and drinks they had and advised them on health and medical care. The disease was prevalent during the summer but has been put under control since June. She also said that if no new patients were reported 21 days after the last cholera patient was found it would mean that the disease was under control. [Text] [Bangkok Domestic Service in English 0000 GMT 3 Aug 85]

DENGUE FEVER DEATHS--Dengue fever has killed at least 89 people this year and more than 12,000 cases have been reported, a senior Public Health Ministry official said yesterday. Most of the cases involved children under the age of 14. The director-general of the ministry's Communicable Disease Control Department, Dr Winit Atsawasena, described the figures as "very alarming". Last year 232 people died from the disease and about 60,000 cases were reported. [Excerpt] [Bangkok BANGKOK POST in English 27 Jun 85 p 2]

TUBERCULOSIS CASES--The Public Health Ministry has reported about 139,000 cases of tuberculosis in its contagious stage, including an alarming 15 percent of youths under 14. Another 600,000 cases are in the early stages of the disease. Dr Chaiwet Nutprayun of Chulalongkorn Hospital said that most TB cases are found in rural areas, especially in the most poverty-stricken parts. He noted that the number of TB cases in Bangkok has declined somewhat, but that in rural areas it has been constantly on the rise. [Excerpt] [Bangkok BANGKOK POST in English 14 Jun 85 p 3]

DENGUE FEVER CASES--At least 23 people out of more than 3,000 cases of dengue fever have died from the disease since the start of the rainy season, a senior public health official said yesterday. Dr Bunsong Sunakon, deputy director-general of the Communicable Disease Control Department, said that the high rate of reported dengue fever cases has caused alarm among health officials and given rise to speculation that a major outbreak of the disease could recur this year. The number of cases reported last May was much lower than this month. Dengue fever killed at least 232 people out of the more than 60,000 cases reported throughout last year. The number of dengue cases usually rises during the rainy season because it is the breeding season for mosquitoes, the carriers of the dengue. Most patients are children. [Excerpt] [Bangkok BANGKOK POST in English 29 May 85 p 3]

JANUARY-MAY CHOLERA DEATHS--Thirteen people died of cholera and 870 others were hospitalised throughout the country during January and May this year, Mrs Bunlak Noraphanlop, acting director of the Bangkok Metropolitan Administration's Communicable Disease Control Division, said yesterday. She said 138 cases were reported in Bangkok, with 22 in Rat Burana, 19 in Phra Khanong and the rest in Huay Khwang. [Text] [Bangkok BANGKOK WORLD in English 13 Jun 85 p 3]

MALARIA ALONG CAMBODIAN BORDER--Virulent malaria is found to be widespread in a mountainous area south of Aranyaprathet causing sickness to Thai troops along the Thai-Kampuchean border, a military source said. The source told THE NATION that a team of doctors from the Army Medical Department was dispatched to investigate the upsurge of the deadly disease along the border. The military source said that the worst area of malaria transmission is in Ta Lok Mountain in the southern part of Aranyaprathet District in Prachinburi Province. He said that the army medical team would soon use a "highly effective drug" to cure patients infected by malaria in the border area. The army medical team will also cooperate with other government agencies as well as international relief organizations to launch campaign to control the spread of the disease, the source added. "But no matter how hard we try, malaria will not be fully put under control as long as there is still an influx of Kampuchean refugees," the source said. [Excerpts] [Bangkok THE NATION REVIEW in English 24 Jun 85 p 3]

CAMBODIAN REFUGEES BRING MALARIA--Authorities are still concerned by malaria cases which are reported among many Thai villagers, especially those living along the Thai-Kampuchean border, a senior official of the Public Health Ministry said yesterday. Director General of the Communicable Disease Control Department Dr Winit Atsawasena told a press conference that there have been an average of 15 cases of malaria among every 1,000 Thai villagers in the border areas. He cited Chanthaburi, Trat, Kanchanaburi, Prachinburi, Tak and Yala as the provinces where malaria cases are often reported. He said it was the Kampuchean refugees who fled the fighting inside Kampuchean into Thailand that brought malaria to the eastern border areas. He quoted a report of the World Health Organization (WHO) as saying that during the massive refugee influx in 1979 and 1980 about 70 percent of the Kampuchean refugees were suffering from malaria or had the disease in them. [Excerpt] [Bangkok THE NATION REVIEW in English 4 May 85 p 3]

CHOLERA TOLL--A total of 139 people have died of cholera since the beginning of this year but a senior city health official said the number of people suffering from the disease has been on the decline since June. Mrs Nonglak Sankamnerd, director of the Communicable Disease Control Division of the Health Department said most of the patients lived in slums. Twenty-two of the patients who died were in the Rajburana area. Phra Khanong also had 20 patients who died, while Phayathai had 11 and Bangkhunthian 10. The director said health officials visited the residences of all the cholera patients to inspect the types of foods and drinks they had and advised them on health and medical care. She said the disease was prevalent during the summer but has since June--normally the beginning of the rainy season--been put under control. According to the director, if no new patients were reported 21 days after the last cholera patient was found it would mean that the disease was under control. [Text] [Bangkok THE NATION in English 1 Aug 85 p 3]

TRINIDAD AND TOBAGO

GASTROENTERITIS CASES SOAR IN FIRST 8 MONTHS OF 1985

Port-of-Spain SUNDAY EXPRESS in English 6 Oct 85 p 3

[Text]

THE NUMBER of cases of gastro-enteritis for the first eight months of the year has leapt by more than 8,000, showing a 28.9 per cent increase. Most cases came from County Caroni.

As of September 7, 1985, 20,314 cases were reported at the government hospitals in Port of Spain, San Fernando, Sangre Grande, Arima and Point Fortin, and at health offices and private centres. Last year, for the same period, there were 14,492 cases of the illness that attacks mostly children.

In County Caroni, there were 8,704 cases as compared with 3,714 in 1984, a 35 per cent increase. However, St George Central showed the biggest jump, from 625 cases in 1984 to 2,014 this year, a 69 per cent increase. In St George East, there were 2,658 for 1985 as compared with 2,163 for 1984.

In Tobago, there were 136 cases, 90 more than the 1984 period.

The number of foodborne illnesses was highest in St George East — 214 cases as compared with 112 the year before. Caroni reported 109 cases this year, and 88 in 1984.

There were 12 cases of imported malaria, eight more than last year; 24 cases of Hansen's Disease, four less than last year; 381 cases of scabies, 198 more than last year.

The number of cases of typhoid fever dropped by 15; only three were reported up to the first week in September, 1985.

CSO: 5440/008

TURKS AND CAICOS

BRIEFS

NATIONAL HEALTH PLAN—The Islands' first national health plan will move a stage nearer next month when Mr. Robert Evans, PAHO health planner, visits the Turks and Caicos to offer guidelines and to see if the scheme is on the right tracks. A committee comprising Dr. Hugh Malcolm, deputy chief medical officer; Mrs. Beatrice Burton, chief nursing officer; Nurse Mary Forbes; Joe Williams, chief public health officer; Matilda Taylor, hospital administrator; Robert Been, lab technician; and Nurse Monica Wilson, hopes to present the completed plan to the government early next year. Chief Medical Officer Robert Hailwood revitalised the plan last May when he told a three-day seminar in Grand Turk it must be free of political interference, once agreed upon. He said the plan should be modest in scale and ambition, not costing any more money than the Islands currently had available, at least in the first two years. [Text] [Grand Turk TURKS & CAICOS NEWS in English 8 Aug 85 p 9]

CSO: 5440/003

UNITED KINGDOM

GOVERNMENT ADDS 1 MILLION POUNDS TO FIGHT AGAINST AIDS

London THE DAILY TELEGRAPH in English 27 Sep 85 p 1

[Article by David Fletcher]

[Text]

A £1 MILLION cash boost to try to contain the spread of Aids was announced yesterday by Mr Hayhoe, Health Minister.

He estimated that 10,000 people had now been exposed to the Aids virus and action to try to contain the disease — Acquired Immune Deficiency Syndrome — would be taken on several fronts.

Although only 114 people had died of Aids out of 206 in Britain who had contracted the disease, "we know that the number of new cases is bound to increase steadily over the next few years," Mr Hayhoe said.

There were 12,000 cases in America already, and "in the absence of a cure, or a vaccine which protects against the virus, we must take all the precautions indicated in the light of current knowledge and experience."

Most of the £1 million will go to the three Thames health authorities — covering Greater London and the Home Counties — where most Aids patients live.

The money, which is in addition to the £1 million already allocated, will be used for hospital treatment, for improving out-patient care and for counselling patients.

Education programme

A total of £100,000 will be

spent on a public health education programme and the rest will go to organisations helping haemophiliacs and Aids patients.

Mr Hayhoe described the public education programme as the lynchpin of the Government's strategy to control the spread of the disease.

But he said there would be no central register of Aids patients and no attempt would be made to trace their sexual contacts who might also be infected.

This, he believed, "could drive the disease underground and effective measures to halt its spread would be endangered."

Mr Hayhoe said that from Oct 14 all blood donations would be tested for Aids antibodies, and a small Ministerial group would be established to co-ordinate the Government's efforts to contain the disease.

CS0: 5440/005

UNITED KINGDOM

BRUCELLOSIS-FREE LABEL DISPUTED; INCIDENCE ON INCREASE

London THE DAILY TELEGRAPH in English 27 Sep 85 p 6

[Article by Godfrey Brown]

[Text]

OFFICIAL recognition that cattle in Britain are now free from brucellosis is regarded as rather a sick joke by farmers in the West Country where there has been an unexpected upsurge in outbreaks of the disease.

From next Tuesday cattle herds in Britain will become "Officially Brucellosis Free" (OBF) in the eyes of the Common Market.

The infectious bacterial disease causes cows to abort, resulting in the loss of the valuable calf and reduced milk yields.

It can also be transmitted to man, in the form of a painful, recurrent feverish disease called undulant fever. Dairy cowmen and vets are particularly susceptible because of their close contact with cattle.

The West Country outbreaks originated on farms in Somerset, but have spilled over into Devon, Cornwall and Dorset, according to local veterinary experts.

The disappointing aspect is that some cattle on which previous tests had proved negative, after they had had contact with infection, are showing positive signs of the disease after calving—and the autumn is a peak calving period.

Only a small proportion of

the cattle are said to be affected, but it is disturbing nevertheless.

A Ministry of Agriculture spokesman said that, to put the West Country outbreaks into perspective, on a national basis the trend of the disease continued downwards.

So far this year, 100 cattle herds nationally had been placed under movement restrictions because of brucellosis, including 40 in the recent series of outbreaks in the South West.

Slaughter of infected herds was only necessary in about 12 cases. In 1980, there were 1,400 outbreaks of the disease, he said.

Mr Peter Forde, regional spokesman for the National Farmers' Union, said one of the problems in Somerset was that on certain areas, paths, tracks and water supplies were shared by different herds.

CSO: 5440/005

ZAIRE

BRIEFS

MEASLES CASES REPORTED--Lately, 43 cases of measles have been recorded at the Kikwit hospital. The assistant coordinator of the enlarged vaccination program gave the news to the press, noting that those cases of measles mainly come from the rural regions where many children have not been vaccinated. In order to fight this epidemic in rural regions, the enlarged program of vaccination recommends that a refresher course be given the nurses deployed in the various rural medical institutes in order to initiate them to the various technical methods relating to the conservation and, above all, the use of the vaccine. [Text] [Kinshasa Domestic Service in French 0600 GMT 12 Sep 85]

CSO: 5400/4

ZIMBABWE

TSETSE ERADICATION CAMPAIGN IN WESTERN REGIONS UNDER WAY

Harare THE FINANCIAL GAZETTE (Farming) in English 20 Sep 85 p 23

[Text] From the wind-battered parachute door of the camouflaged Dakota we watched the attack aircraft as they sped just above the treetops, sudden death spraying from their bellies onto an enemy estimated to number in the millions. This was war.

On the ground, hard men--some dressed in the flying suit of the fighter pilot--consulted maps, planning their strategy and calculating enemy losses.

Fortunately, the enemy couldn't retaliate--not directly anyway. But that did not detract from the importance of the mission--to eradicate the much-hated tsetse fly from Zimbabwe's western region.

It's a serious business. About 1 500 men are engaged in the operation to destroy the fly which threatens Zimbabwe across a 1 000-km belt. This front is too long for Zimbabwe to tackle without foreign funding, and operations are now limited to the western region, where much of the terrain is below 1,200m, the ecological altitude limit of the tsetse.

The aerial spraying operation is part of the integrated approach now used by the Tsetse and Trypanosomiasis Control Branch to eradicate the fly. Where the terrain is suitable, aircraft are used, but when it is too rough, ground teams using knapsack sprayers are deployed.

Tsetse fly could inhabit about half of Zimbabwe, and did so before the rinderpest epidemic of 1896 destroyed most cattle. But as the herd recovered, so did the tsetse.

Selective hunting of game which supported tsetse was used in an attempt to control the fly's spread. But in the 1960s residual insecticides were used instead, and proved quite effective.

Many of the gains achieved during the 1960s, however, were lost during the war, with the entire northeastern region to the 1 200m limit being reinfested by the fly.

The branch's current control measures are limited to the western region, and concentrate on pushing the tsetse back to Lake Kariba--natural barrier against reinfestation from Zambia, where the problem is also prevalent.

With EEC funding, the northeastern region will again be tackled, but on a regional basis, involving Malawi, Mozambique, Zambia and Zimbabwe. The experts believe this could eventually eliminate the fly's presence in southern Africa.

Aerial spraying against tsetse is a highly technical and technological undertaking. Aircraft especially equipped with computerised navigation equipment fly at a very low altitude, delivering endosulfan in a fine spray.

The tsetse fly spends large parts of its life underground, creating the need for five cycles per area to be flown. In the course of these five cycles, 85 grams per hectare of endosulfan are delivered, a fraction of the amount used to protect crops in Europe.

The experts are satisfied with the safety of the aerial spraying compound, despite the often vigorous objections of environmentalists. The ground spraying compound, DDT, is not quite so satisfactory.

The assistant director responsible for tsetse control, Mr Brian Hursey, says the department recognises the dangers of DDT to the environment, and battles to minimize them. But factors of cost, cost-effectiveness and operator safety also have to be considered.

Rough Terrain

DDT can be used by a sprayer operative without masks or protective clothing. The alternatives demand this equipment, making it virtually impossible to operate within the scorching Zambesi valley and its rough terrain.

DDT is also extremely effective against the fly, although only 15% of the environment is treated. Synthetic pyrethroids are less toxic than other chemicals, but create severe operator discomfort, are not as effective as DDT, and destroy many other species of insects.

When it comes to eradicating tsetse, the experts appear positively genocidal, but they point proudly to the traps which show how few other insects are affected, even when tsetse numbers decline drastically.

But they still seek less generalised methods of eradicating the tsetse. Traps baited with the odours of cattle attract the flies which are then killed by poisons. If 2-1/2% of the adult female fly population a day were caught in this method, the fly would be eradicated.

Effective as it is, however, the trap still presents problems. It is prone to destruction by game and fire, is difficult to place and service, and could be expensive to mass produce. Constant research continues.

But no matter how effective the chemical or advanced the technology, the main weapon against tsetse is work, hard work. The camps seem comfortable, but the anti-tsetse teams must still spend long periods in harsh, remote environments, covering large areas on foot.

But their dedication does show dividends. Since 1982 the branch has cleared 12 000 square km of tsetse, although the overall area of the infestation is about 65 000 square km.

Environmentalists have criticised the campaign, saying clearing vast areas of tsetse fly will open them to almost immediate environmental degradation from excessive cropping and overgrazing. Mr Hursey's response is simple but telling:

—Most of the area to be cleared is already populated. Land pressures must be recognised, and responded to rationally.

—Zimbabwe has enforceable legislation to protect the environment. The wildlife areas cleared of tsetse are still wildlife areas, and will probably remain so.

—Land use studies will be made of cleared areas to determine the best methods of exploitation to avoid desertification.

"I'm a biologist and I love the bush. But if the bush has to go, I want to see it put to good productive use."

CSO: 5400/11

ZIMBABWE

ZAMBEZI MOSQUITOES GETTING TOUGHER

Harare THE HERALD in English 23 Sep 85 p 3

[Text] Mosquitoes in certain areas of the Zambezi escarpment have been building up resistance to the malaria drug, Chloroquin, and this has made the drug less effective.

The Secretary for Health, Dr Office Chidede, said the problem affected only two low-lying regions on the Zambezi escarpment.

The resistance by the mosquitoes to the drug began in the north of Africa and had been spreading slowly towards Zimbabwe.

"There are two areas where we picked this up and these areas are being monitored very carefully. Everyone who goes there will be given the correct combination to kill the bug," Dr Chidede said.

The Ministry of Health was monitoring the areas affected closely and the people who had actually contracted malaria were being carefully watched.

"Visitors who have no protection at all to malaria and intend to visit these areas, will be well advised to contact the Ministry of Health where they will be given the correct combination of medicine," Dr Chidede said.

CSO: 5400/11

COLOMBIA

179 OUTBREAKS OF FOOT AND MOUTH DISEASE CREATE EMERGENCY

Bogota EL TIEMPO in Spanish 2 Aug 85 pp 1-A, 6-B

[Text] The hoof and mouth disease became a national emergency when the outbreaks increased to 179 and the number of sick animals to 19,600 in areas of Cundinamarca, Boyaca, north of Santander, eastern plains, and possibly the Atlantic Coast.

This was told to EL TIEMPO by cattlemen and the authorities from the Colombian Veterinary Products Enterprise [VECOL] and the Colombian Agricultural-Livestock Institute [ICA] at the end of an emergency meeting held yesterday. They called for an immediate start to vaccinating using the new monovalent vaccine, to observe strict health measures, and to abstain from moving animals and holding fairs. They also asked the police and the army to help reinforce supervision in the reserves installed by ICA, whose orders are being continuously violated by the cattle merchants.

The situation is "very serious," said Colonel (R) Julio Mosquero Campo, executive of the National Association of Milk Producers [ANALAC]. He revealed that the disease is spreading rapidly throughout the northern section of the country in the department north of Santander, threatening the cattle in the Atlantic Coast and, therefore, the dairy industry of that region.

He deemed the most fearsome danger to be the way the merchants move cattle to fairs in the different regions of the country, disobeying the reserve controls imposed by ICA.

In a harsh analysis of the cattle situation due to the effects of the new A-Sabana 85 virus, ICA, the cattlemen, the Ministry of Agriculture, and VECOL came to the conclusion that the State agencies do not have the 20 billion pesos needed to carry out an intensive campaign to eradicate the virus in the whole country.

For their part, the cattlemen admitted that a great majority of their colleagues do not apply the vaccine, because as soon as they get it, they obtain the ICA certificate to be able to move their cattle and then throw away the vaccine.

In view of the impossibility of carrying out an eradication campaign, the officers and the ranch owners developed a program to prevent the disease and to carry out an emergency vaccination to attack the new A-Sabana 85 virus.

Emergency Operations

The emergency operation will begin today with a massive vaccination through a million doses, which are already being distributed in the affected areas. It will be carried out by veterinarians from ICA, VECOL, and the Ministry of Agriculture and with vaccines applied directly by the cattlemen after they have received basic training.

The number of reserves will be increased with the help of the Ministry and of VECOL, and the police and the army will be asked to cooperate if possible. A secretary general, a position created in the meeting, will receive special powers to obtain the funds needed for the campaign. This executive will be able to order all the health measures and controls that may be needed.

The strategy is divided in two parts. The first one, the emergency operation which started today, will last 15 days, with vaccinations and strict controls in the areas where the A-Sabana 85 virus is attacking. The other will begin in September, will be extended to the other regions in the country to prevent the attack of the new virus on the cattle that have not been affected, and will constitute the first ordinary cycle of vaccination.

Quality of Vaccines To Be Supervised

A committee formed by technicians and cattlemen will supervise the preparation of the monovalent vaccine and will perform quality control of all the steps imposed by ICA and VECOL.

"Our immediate commitment is to guarantee the good quality of the vaccine," said Raul Londono Escobar, general manager of VECOL.

The executive blamed the merchants who are trying to bribe the reserve officers and qualified such action as a "crime against the economy." He made a call to all of the country's cattlemen to cooperate without exception in this emergency. "Because what is at stake is the very existence of the nation's cattle and the continuity of the nation's dairy industry."

12501

CSO: 5400/2089

KENYA

LAKE VICTORIA MYSTERIOUS MASS DEATHS OF FISH, HIPPOS REPORTED

Johannesburg THE CITIZEN in English 7 Oct 85 p 4

[Text]

NAIROBI. — A team of Kenyan scientists this week begins an investigation of the mysterious mass deaths of fish and hippopotamuses in Lake Victoria, Africa's largest lake.

Large-scale fish kills have occurred in the lake periodically in recent decades, but the cause has never been determined.

Last January and February, a particularly severe kill took place in the Kenyan sector of the lake, alarming fishermen and prompting government agencies to consider counter-measures.

But because there was no consensus on why the fish and hippos were dying, the Kenya National Academy of Sciences was asked to organise a research project.

The Norwegian agency for international development had donated

R120 000 to get the study under way.

A major motivation for the project is the importance of fishing to the densely populated, relatively poor areas along the Kenyan shore. About 40 percent of Kenya's 20-million people live in the South-western region, and for many of them fish is the main source of protein.

Professor Agola Auma-Ocullo, administrator of the Academy and chief organizer of the investigation, said he inspected the area of the fish kill.

"There were masses of dead fish", he said. Others were alive but immobile.

Deaths of hippos in the lake were reported at the same time. In one instance in January, eight hippo corpses were found floating together. — Sapa

CSO: 5400/12

NIGERIA

BRIEFS

CATTLE VACCINATED AGAINST RINDERPEST—More than four million cattle were vaccinated against rinderpest while 900,000 were vaccinated against cattle pneumonia this year, out of an estimated 12.5 million cattle population in the country. Dr Dimker Nawathe, the chief research officer at the National Veterinary Research Institute in Vom, near Jos, has said Dr. Nawathe told a correspondent of the News Agency of Nigeria (NAN) on Friday that the two cattle diseases were rampant in Bauchi, Borno, Kano, Kaduna, Sokoto and Plateau States. He said that in 1983 and last year, about 1,400 cases of rinderpest occurred in the country during which about 500,000 cattle died, adding that the economic loss was estimated at N1.5 million. [Text] [Kaduna NEW NIGERIAN in English 17 Sep 85 p 13]

CSO: 3400/11

28 October 1985

ZIMBABWE

FIRST RURAL VET CENTER OPENS IN GOROMONZI

Harare THE HERALD in English 12 Sep 85 p 3

[Text] The first of a planned 159 animal management and health centres for communal areas was opened at Juru in Goromonzi yesterday.

West Germany is providing about \$9 million for the project. The centres are to be staffed with veterinary extension assistants who have received nine months' training at the Veterinary Training Institute at Mazowe after their normal two or three-year certificate course in agriculture.

The Deputy Minister of Lands, Agriculture and Rural Settlement, Cde Swithun Mombeshora, yesterday opened the first centre.

He said each of the 159 centres to be built in the first stage of the project would be staffed with one such veterinary assistant and an Agritex officer. Three-bedroomed houses are to be built for the veterinary assistants.

Each centre would look after an area holding six to eight dip tanks, for about 12,000 cattle.

Cde Mombeshora said the communal sector's 3.4 million head of cattle had a low productivity as the sector had been neglected.

"Through extension work the veterinary extension assistant will be able to promote the sale of unproductive animals, educate farmers in methods of more efficient calf rearing, examine animals for disease and so bring the veterinary service to the very door of the communal farmers."

The assistants would advise on dehorning, castration, deworming and improving breeds and nutrition. Grazing schemes could be initiated.

Fridges would hold vaccines for rabies, anthrax, quarter evil and fowl pox and the list would be extended if necessary. Each centre would have a hide shed to tan skins correctly.

So far 160 veterinary extension assistants had been trained and deployed and the centres would enhance the work they were doing for the communal farmers.

The Deputy Minister of Public Construction and National Housing, Cde Robert Marere, handed the centre to Cde Mombeshora and said construction was completed on schedule at a cost of \$24388, saving \$9612 on original estimates.

GHANA

BRIEFS

SWOLLEN SHOOT DISEASE SURVEY--The Cocoa Services Division (CSD) of the Ghana Cocoa Board (COCOBOD) will soon start a survey in cocoa growing areas to locate places affected with the swollen shoot disease and destroy affected trees. This was disclosed by Mr E. T. Friar, the new deputy technical manager of the CSD in charge of the Osino sub-regional headquarters at the week-end. He was speaking at a ceremony during which Mr E. C. O. Lamptey, the retired Deputy Technical Manager handed over officially to him at Osino. Mr Friar said the action was aimed at controlling the spread of the swollen shoot disease to ensure the success of the cocoa rehabilitation exercise. He however stated that plans are still underway to work out compensations for farmers who would be affected by the exercise. [By Salome Donkor, Osino] [Text] [Accra PEOPLE'S DAILY GRAPHIC in English 23 Sep 85 p 8]

CSO: 5400/12

NIGERIA

ROSETTE DESTROYS GROUNDNUT FARMS IN NORTHERN STATES

Kaduna *NEW NIGERIAN* in English 23 Sep 85 pp 1, 3

[Article by Aliyu Biu]

[Text]

ROSETTE, the deadly disease which stunts the growth of groundnuts has destroyed farms in most parts of the northern states.

It is feared that the disease has affected 70 per cent of the groundnuts planted late this season. Groundnut planted early had been successfully harvested.

A *New Nigerian* investigation in Jos, Bauchi, Yola, Askira, Bama, Maiduguri, Malam Fatori, Gashua, Potiskum, Biu, Gombe, Kano, Katsina, Kaura Namoda, Gusau and Zaria showed that the disease appeared in these areas about three weeks ago.

Groundnuts examined in some of these areas showed that most of the nuts were shrunk and some farmers have resorted to planting cowpeas in its place while others just left weeds to take over.

A Senior Research Fellow, Legumes and Oil Seeds Research Programme of the Institute of Agricultural Research (IAR), ABC, Zaria, Dr Stephen M. Misari, told the *New Nigerian* that heavy rainfall was responsible for the outbreak of the disease.

He said Rosette might have been spread by another crop aphid which attacked the groundnuts cultivated early in the season and later attacked the late-planted ones at tender stages. Aphid is a tiny black insect which sucks juices from plants.

Farmers in Jos and Idu, have lost more than half of the groundnuts to the disease. In Bauchi, Gombe, Yola and Askira, the situation was such that farmers might not recover seeds for planting next season.

In Maiduguri, Malam Fatori, Potiskum, Kano, Karkara, Katsina, Gusau, Kaura Namoda, Funtua and Zaria, most farmers have abandoned their farms because of the destructive effects of the disease.

The situation was equally bad for farmers in Niger State, especially Mokwa, Minna and Chanchaga. Some farmers in the area uprooted the rosette infested groundnuts and planted beans instead.

Most of the farmers interviewed said they planted unimproved varieties of groundnuts susceptible to the disease.

A farmer, Malam Sa'adu Mu'azu of Basawa Village near Zaria, when asked about the damage said *Allah ya kivaye na gaba*, meaning "May Allah prevent a recurrence."

Another farmer at Malam Fatori village in Borno State, Alhaji Madu Umar, said that when he noticed how fast the disease was destroying his crop, he quickly uprooted them and planted the 60-day cowpea. He called on the Federal Government to conduct research on the disease with a view to eradicating it.

There are two types of Rosette disease — the chlorotic (yellow)

and the dark green.

The main symptoms of the disease are: the growing points of the plants cease to expand normally; the internodes would not elongate and its growth started.

Dr. Misari said that out of the over 500 varieties of groundnuts grown in their trial fields, the institute had developed about 20 high yielding varieties resistant to Rosette, aphid and other pests.

He said the institute had identified chemicals that could combat the disease.

The Programme Manager of the Kano State Agricultural and Rural Development Authority (KNARDA), Mr. Simon Gillett, said that the first outbreak of Rosette in Kano was reported in Gwarzo and Dawakin Tofa three weeks ago, which later spread throughout the state.

He said, however, that "cowpea seems to be taking over from groundnut. This is because farmers in Kano prefer to grow cowpea than groundnuts," he emphasised.

CSO: 5400/10

NIGERIA

QUELEA BIRDS DESTROY CROPS IN GONDOLA STATE

Kano SUNDAY TRIUMPH in English 22 Sep 85 p 1

[Article by Sani L. Abdullahi]

[Text]

CEREALS worth N89,477,360 and estimated at 119,626 tonnes have been lost by Gongola State last year as a result of invasion and destruction of farm lands by quelea birds, a survey conducted by the state Ministry of Agriculture has revealed.

The Permanent Secretary in the ministry, Mallam Ahmadu Waziri, who disclosed this in an interview with the *Sunday Triumph* last week said, 10 out of 17 local government areas of the state were affected. "But the heaviest infested areas are the Savannah (in Numan local government) and Selti-Vulpi villages", he pointed out.

According to him, there was quelea birds population of up to 200 million in the two areas alone and they could also be found in other areas in the state.

Mallam Waziri assured that the invasion this year was expected to be a bit less than last year as control operations were being carried out. The operations, he said, were carried out from August to September through December last year while a vigorous one was carried out between February, March, May and August this year.

According to him, a total of 450 litres of the quelea tox was used last year in areas affected in the state, while 150 litres was used from February to March this year; 700 litres in May and

950 litres was sprayed in August, this year by the use of an agro-aircraft provided by the Federal Department of Pests Control Services.

"For this reason, it is assumed that 20 to 40 per cent of quelea birds population in the state was reduced between last year and this year", he remarked.

The permanent secretary also explained that though quelea birds could be combated through the use of ground atomizers or mechanical control (destroying their nests, eggs

—In Gongola

and the young ones), the most effective method was by chemical control (aerial spray). "because most of the places where these birds roost are not accessible even on foot", he emphasised.

Highlighting further on the dangers posed by the birds, Mallam Waziri said they could fly up to 60 kilometres away from their roosting places to wreck havoc on farm lands and come back everyday.

"This is why no part of the state is considered safe"

The permanent secretary then appealed to the federal government to come to the aid of the state.

He assured farmers in the state is considered safe", state of services free of charge and supply of chemicals to them at subsidised prices.

CSC: 5400/10

VIETNAM

PROVINCES URGED TO PROTECT RICE CROP FROM PESTS

BK010900 Hanoi Domestic Service in Vietnamese 1430 GMT 30 Sep 85

[Text] The Vegetation Department of the Ministry of Agriculture recently issued a notice that says fifth-generation stem borers are now appearing in abundance in the northern provinces at a rate lower than last year but higher than 1981 and 1982.

Brown planthoppers and white-back flies have appeared in nests with a high density on areas of early 10th-month rice planted with insect-infested rice strains in Hanoi and Hai Hung and Lang Son Provinces. Army worms have continued to metamorphose into flies in larger quantities than in the past. Meanwhile, rice leaf yellows have spread over the early 10th-month and main rice crops.

In the south, stem borers have caused silver blossoms to the late summer-fall rice in the central coastal provinces while brown planthoppers and white-back flies are still prevalent in Quang Nam-Danang and Binh Tri Thien Provinces. Apart from these insects and diseases, rice bugs, rice leaf yellows, and rice blast have ravaged riceplants in some areas.

It forecast that in the days ahead, army worms will continue to develop in abundance and will continue to ravage the rice plantings that will be in the ripening stage from late October or early November. Meanwhile, brown planthoppers will continue to ravage the areas of rice planted with insect-infested rice strains and stem borers will continue to ravage the rice plantings entering the blossoming stage late this month.

The Vegetation Department urges all localities to intensively trap stem borers and army worms, destroy insect eggs, and use insecticides to eradicate army worms, stem borers, and brown planthoppers wherever the infestation density is high. The southern provinces must eradicate stem borers, rice caseworms, and rice leaf yellows along with caring for and protecting 10th-month rice and winter-spring rice seedlings against insects and blight.

CSO: 5400/4303

VIETNAM

BRIEFS

PEST PREVENTION MEASURES URGED--According to a notice from the Plant Protection Department of the Ministry of Agriculture, rice brown leafhoppers, planthoppers, leaf folders, and stem borers are developing, causing heavy damage to early and main rice crops. By late August and early September, these harmful insects will proliferate. During that time, the fourth batch of yellow stem borers will reach full maturity, and from 20 August onward larvae will spread silver leaf disease (*Xanthomonas oryzae*) on the ultra-early 10th-month rice, withering riceplants of early and main crops. In the southern provinces, rice brown planthoppers, planthoppers, caseworms and stem borers may heavily hit the tardy summer-autumn and 10th-month rice by the end of August. Rice gall flies will affect large areas in the Mekong River delta while army worms, rice blast and *Lanceolaria* will continue to harm many places. The northern localities should strengthen inspection of ricefields to promptly detect areas affected by rice hispa, caseworms and stem borers, and should pay attention to manual measures such as bagging mature hispas and yellow borers with portable nets, cutting plants withered by borers and removing by hand hispa larvae and egg nests from riceplants throughout the affected area while following the action of brown planthoppers and fulgorids on the 10th-month rice. The southern provinces should prevent and control brown planthoppers, planthoppers, caseworms, stem borers, army worms, *Lanceolaria* and mealy bugs in heavily infested areas while following the action of rice blast and *Aphelenchoides oryzae* on rice strains vulnerable to pests. [Text] [Hanoi NHAN DAN in Vietnamese 23 Aug 85 p 4] 9213

CSO: 5400/4302

ZIMBABWE

QUELEA BIRDS SERIOUS THREAT TO WHEAT CROP

Harare THE HERALD in English 13 Sep 85 p 9

[Text] Wheat growers are threatened by quelea birds which could destroy up to 10 percent of the expected 220000 tonnes this winter.

The production and extension executive of the Cereals Producers' Association, Mr Allan Pilditch, described the situation yesterday as "extremely serious."

The country has now been divided into five regions comprising the Midlands, Lomagundi, Harare, Masvingo and Matabeleland for spraying purposes as an emergency measure.

The first outbreak in Matabeleland early last month was caused by quelea from Botswana, but since then three other outbreaks have been brought under control there.

This was followed by infestation in Kwekwe, particularly along the Sebakwe River belt. The birds were controlled, but they moved back necessitating a second spray of the roosting area.

Recent reports have been in the Marondera-Wedza area and in Beitbridge and Middle Save.

"Then we had lots of reports from the Highveld, particularly around Harare and Chinhoyi, but we have not been able to find roosting places," said Mr Pilditch.

"As a result we sprayed crops with an insecticide to keep them away."

He praised efforts by the Department of National Parks and Wildlife Management to put the outbreak under control.

This week the Minister of Natural Resources and Tourism, Cde Victoria Chitepo, announced that the Government was spending \$52,000 a month hiring aircraft and buying drugs to control the outbreak.

While \$227000 had already been spent, the ministry had asked for an additional \$90000 for the operation, she said.

Mr Pilditch said commercial farmers had put 42000 ha under wheat expected to yield 220000 tonnes.

"The situation is extremely serious," he said. "We estimate that the birds are doing between 5 and 10 percent damage to the crop.

"There is so much quelea this year that National Parks cannot cope."

Government officials co-ordinating the spraying exercise were assessing the situation in Kwekew yesterday.

The chairman of the grain committee of the Agricultural Marketing Authority, Mr Mike Butler, has said last year's wheat yield of 98000 tonnes amounted to 45 percent of local consumption. The balance of 105000 tonnes had to be imported.

Of the current crop, he commented: "I hope this will provide for our requirements. though under controlled levels of offtake."

Farmers are hoping the quelea control programme could be a multistate exercise confining outbreaks to breeding grounds in Angola.

"When the present problem is over," Mr Philditch said, we hope to arrange with National Parks to effect regional control with assistance from Botswana, Angola, Mozambique and Zambia.

CSO: 5400/1

ZIMBABWE

COTTON FACES RISK OF BOLLWORM PEST

Harare THE SUNDAY MAIL in English 29 Sep 85 p 2

[Text] A crisis threatens Zimbabwe's cotton industry because of a failure by "thousands of cotton growers" to slash and destroy cotton stalks.

The deadline for the complete destruction of the cotton plants from the agricultural season just ended was September 10, but the vice-president of the Commercial Cotton Growers' Association, Mr Derek Henning, last week told The Sunday Mail that large areas of cotton remained standing.

His remarks came in the wake of a countrywide tour to establish the extent to which the farmers had gone in destroying the stalks.

"This dead period is a long-established practice in Zimbabwe, creating as it does a period in which no cotton plant is available to the pink bollworm. This pest cannot easily be destroyed by chemicals and the dead period has been deemed the most effective way of controlling it, as it cannot survive from one season to another."

There is no effective means of controlling the pink bollworm and in areas in the United States and Australia where growers failed to destroy the cotton stalks, the repercussions have been extremely serious. In Zimbabwe the practice has been to allow a two-month "dead period" before planting a new cotton crop as a means of safeguarding against the pink bollworm.

The Government has provided legislation which allows for the slashing of cotton plants each year by August 1 in the Lowveld and by August 15 in the Middleveld. Complete destruction of the plants is required by August 15 in the Lowveld and September 10 in the Middleveld. The earliest dates for planting the following year's crop are October 5 for the Lowveld and October 20 for the Middleveld.

Mr Henning said he and representatives of the Natural Resources Board had been on three flights, sponsored by the Commercial Cotton Growers' Association, to see examples of illegal cultivation. The tour has cost the CCGA \$1 000.

"In addition to organising and sponsoring these flights, the CCGA has also given the NRB a grant of \$5 000 to augment the mileage allowance of weeds inspectors in carrying out their duties for checking on illegal cultivation." The CCGA is

concerned that the present allowances do not enable the inspectors to police wider areas.

Provision of the \$5 000, Mr Henning explained, underlined the association's deep concern about the potentially critical situation facing the cotton industry if the pink bollworm threat does become real.

"In our flights we saw large areas of cotton standing or slashed but undestroyed. These were, for the most part, in communal lands but some areas were soon on large-scale and small-scale commercial farms. I would remind all growers, not only of the inherent danger in flouting the regulations, but also of the penalties they face for doing so."

CSO: 5400/11

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